

XC. 44499



COUNTY BOROUGH OF GRIMSBY

ANNUAL REPORT

OF THE
Medical Officer of Health
FOR THE YEAR
1970

INCLUDING REPORT ON THE
SCHOOL HEALTH SERVICE

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COUNTY BOROUGH OF GRIMSBY**Health Committee**

(as constituted on 31st December, 1970)

The Worshipful the Mayor

(COUNCILLOR W. E. WILKINS)

Chairman

ALDERMAN A. NEILSON

Deputy Chairman

COUNCILLOR P. D. CROWLEY

Aldermen

F. G. GARDNER

MRS. L. TRAYER

Councillors

T. F. ALLAN

L. GOSTELOW

W. J. BAILEY

H. H. HALL

F. A. COLEMAN

P. H. KALE

MRS. M. E. DARLEY

E. S. PARR

MRS. M. ELLIOTT

MRS. M. E. PICK

D. EMSLEY

K. PRESCOTT

MRS. F. E. FRANKLIN, J.P.

P. WILLING

STAFF OF THE HEALTH DEPARTMENT, 1970

MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

R. GLENN, M.B., B.Ch., B.A.O., D.P.H.

DEPUTY MEDICAL OFFICER OF HEALTH AND DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER

R. G. HAUGHIE, M.B., Ch.B., D.P.H.

MEDICAL OFFICERS IN DEPARTMENT

EILEEN M. PRIOR, L.R.C.P., M.R.C.S.

J. BUCKINGHAM, M.B., Ch.B., D.P.H. (to 31.12.70)

MAIRE M. WARD, M.B., B.A.O., B.Ch. (from 2.3.70)

CHIEF PUBLIC HEALTH INSPECTOR

A. MANSON, M.A.P.H.I. 1, 2

PUBLIC HEALTH INSPECTORS

S. DAVIES, B.Sc., D.M.A. 1, 2, 3
(Deputy Chief Inspector)

W. W. REED, 1, 2 (Principal Meat
Inspector)

R. FARNWORTH, 1, 2, 3 (Principal
District Inspector - Housing)

R. R. LINCOLN, 1, 2, 3 (Principal
District Inspector- Food)

D. L. CHERRY, 4 (Senior District
Inspector)

A. HENDERSON, 3, 4 (Senior District
Inspector)

A. FENN, 1, 2, 3 (Senior District
Inspector)

M. J. DAVIE (Pupil & Technical
to 30.6.70) Assistant

M. J. DAVIE, 4 (from 1.7.70)

D. ANDERSON, (Authorised Meat
Inspector)

A. H. BELLAMY (Authorised Meat
Inspector)

T. H. R. JOHNSON (Drainage Assistant)

R. W. CRAMPTON (Technical Assistant)

B. THAXTER (Technical Assistant)
(to 31.7.70)

D. E. OVER (Technical Assistant)
(from 1.9.70)

A. DOUGLAS (Pupil)

D. J. HARTLEY (Pupil)

C. I. MANTLE (Pupil) (from 9.11.70)

PRINCIPAL NURSING OFFICER

MRS. I. HALDANE, 5, 6, 7

HEALTH VISITORS

MISS I. R. ADAMSON, 5, 6, 7
(Retired 30.6.70)

MISS M. C. BAGG, 5, 6, 7 (4.2.70)

MISS J. BELL, 5, 6, 7

MRS. M. DAWSON, 5, 6, 7

MRS. H. C. DRYFE, 5, 6, 7 (to 3.7.70)

MRS. M. J. FREEMANTLE, 5, 6, 7

MRS. M. E. JOHNSON, 5, 6, 7

MRS. M. B. KOZLOWSKI, 5, 6, 7

MISS V. A. PAYNE, 5, 6, 7

MRS. I. M. STOREY, 5, 6, 7

MISS E. M. TIPPLER, 5, 6, 7
(Retired 31.10.70)

MISS E. M. TIPPLER, 5, 6, 7*
(from 2.11.70)

TUBERCULOSIS VISITORS

MISS D. ATKIN, 5, 6, 7

MRS. P. STRIDE, 5*

CLINIC NURSES

MRS. S. GARROD

MRS. M. COLEMAN, 5*

MRS. G. WHITEHALL, 5*

MRS. R. V. PRANCE, 5* (from 2.11.70)

HOME NURSING SERVICE

MRS. B. BILLINGHAM, 5 (Senior)

MRS. W. L. DAVIE, 5 (Senior)

and staff of 15 nurses and 2 part-time bathing attendants

MUNICIPAL MIDWIVES

MISS E. BAXTER, 5, 6

MISS G. A. BAXTER, 5, 6

MRS. C. BEDFORD, 5, 6

MRS. C. E. CALTHORPE, 5, 6*
(from 1.5.70)

MISS D. M. DAWSON, 5, 6*

MRS. C. DAY, 5, 6

MRS. K. G. GILMOUR, 5, 6

MISS J. ORREY, 5, 6

MRS. C. WESTCOTT, 5, 6
(Retired 24.3.70)

MRS. J. YEOMANS, 6

MENTAL WELFARE OFFICERS

Miss E. M. WOULD (<i>Chief</i>)	H. FARROW
L. C. RACKHAM (Retired 31.7.70)	Miss J. S. FRIDLINGTON (to 13.9.70)
L. C. RACKHAM (temporary from 1.10.70)	P. G. LAWE (<i>Trainee</i>) (to 10.4.70)
Mrs. J. V. STRINGER	Miss J. PREVIOUS (<i>Trainee</i>)
E. H. NUTTER	L. LOFTS (<i>Trainee</i>) (from 1.6.70)

JUNIOR TRAINING CENTRE

Miss E. PATERSON, <i>Supervisor</i>	Miss A. C. ROE
Miss H. M. BARKER	Mrs. C. M. WARD
Miss C. A. BRADLEY	Mrs. A. Y. WESTWOOD
Mrs. J. M. BRYANT	Miss E. HARWOOD
Mrs. A. E. GORRINGE	Mrs. J. ADDINALL (from 28.9.70)

ADULT TRAINING CENTRE

F. J. HERDMAN (<i>Manager</i>)	Mrs. S. M. WALLIS (<i>Instructor</i>)
E. N. SOUTHWICK (<i>Deputy Manager</i>)	Mrs. L. HALLAM (<i>Instructor</i>)
W. BETTS (<i>Instructor</i>)	Miss H. CARR (<i>Instructor/Cook</i>)

AMBULANCE SERVICE

J. A. WHITE, Ambulance Officer, and staff of 37

DOMESTIC HELP

Miss L. BLACKBURN (*Organiser*)
Mrs. E. M. I. CROME (*Deputy Organiser*)

ADMINISTRATIVE AND CLERICAL STAFF

W. R. GALE (<i>Chief Administrative Assistant</i>)	Miss L. LEAK (<i>Senior</i>)
D. AMERY, J.P. (<i>Administrative Assistant</i>)	Miss P. NESLEN
	Miss C. L. BUTTERFIELD
	Miss L. S. Y. KEYS

PUBLIC HEALTH INSPECTOR'S SUB-DEPARTMENT

S. NASH (<i>Senior</i>)	Miss S. C. BARBER
Mrs. M. BROWN	Mrs. K. F. YOUNG

MATERNAL AND CHILD WELFARE SERVICE

Mrs. J. A. POTTER (<i>Senior</i>)	Mrs. A. C. HOLLOWAY (<i>Welfare Foods</i>)
Mrs. R. EARLEY	Mrs. E. DUMELOW*
Miss W. F. MOODY (<i>Welfare Foods</i>)	Mrs. B. M. EVANS*

MENTAL HEALTH SERVICE

Miss P. PRITCHARD	Miss M. M. BEACOCK
-------------------	--------------------

DOMESTIC HEALTH SERVICE

Mrs. J. H. KYME (to 16.7.70)	Mrs. E. GOWING (from 10.8.70)
Mrs. A. BLANCHARD (from 9.3.70)	

AMBULANCE SERVICE

Mrs. P. BEALEY	Miss E. MATTERS
----------------	-----------------

HOME NURSING SERVICE

Miss B. APPLETON (to 6.2.70)	Mrs. M. S. P. JOHNSON (from 23.2.70)
------------------------------	--------------------------------------

* Part-time appointment

1. Public Health Inspector's Certificate
2. Meat Inspector's Certificate
3. Smoke Inspector's Certificate
4. Public Health Inspector's Diploma
5. State Registered Nurse
6. State Certified Midwife
7. Health Visitor's Certificate

INTRODUCTION

To the Mayor, Aldermen and Councillors of Grimsby County Borough.

I have the honour to present the statutory Annual Report on the health of the County Borough for 1970.

While the vital statistics show a fairly satisfactory state of affairs, there is a moderate increase in the infant mortality as compared with that for 1969 and the average for England and Wales. The birth rate has fallen but is still above the national average. This may be the result of the authority implementing the National Health Service (Family Planning) Act 1967 on a fairly generous scale, or it could be a fluctuation (the rate has, however, been steady over many years). The illegitimacy percentage and the cases of venereal disease have decreased on the previous year's figures, and it is hoped that this may be the beginning of a trend for the future.

There were no outbreaks of food poisoning and no large epidemics during the year, but there was a definite increase in the number of cases of measles and whooping cough notified. The measles was probably due to the lull in the immunisation campaign during the period the faulty vaccine was being put right. The whooping cough cases were very mild on the whole, which still makes immunisation well worth while even if it is not one hundred per cent. protective.

The number of new cases of tuberculosis continues to fall and has now reached a very low level, but it could easily reappear if the present services were relaxed. Diphtheria has re-emerged in some areas, which was expected as younger mothers tended not to keep up the immunisation against a disease which some of them had never even heard of! These outbreaks helped to counteract this trend and it is satisfactory to note a welcome increase in those immunised this year.

Lung cancer deaths, like the consumption of cigarettes, remain steady!

The personal services have again had a busy year. Although more patients were nursed at home fewer visits were paid, and this was partly due to some chronic sick cases being admitted to hospital slightly earlier. The Ambulance Service again showed an increase in the number of journeys and the mileage travelled. The demands on this service at the peak periods frequently cannot be met and many patients arrive late. It used to be mainly transporting patients to and from hospital; now there are cases for the Adult and Junior Training Centres, some for school, and others for day hospitals and centres. All these expect to commence at 9 a.m. and finish around 4 p.m.

Likewise, the Mental Health Service removed more patients to hospital and dealt with all the home problems of many more who were able as a consequence to remain in the community.

Similarly, the request for home help increased, but with difficulty in recruiting staff many had to do with less service.

As always, I am grateful for a sympathetic and helpful Committee, and also for a loyal and hard working staff. The co-operation I invariably receive from colleagues in other departments and from the General Medical and Hospital Services is what makes my job easier and life well worth while.

R. GLENN,
Medical Officer of Health

Health Department,
Queen Street,
GRIMSBY.
June, 1971

PART I.—STATISTICAL INFORMATION

SUMMARY OF STATISTICS

Area (in acres)—including foreshore	7,530
Rainfall	22.15"
Population (Census 1951)	94,557
Population (Census 1961)	96,712
Population (Registrar General's Estimate, Mid-1970)	96,020
No. of inhabited houses (end of 1970) according to Rate Books ...	30,582
Rateable value at 1st April, 1970	£4,373,854
Sum represented by a penny rate product, 1970/71	£17,742

Live Births:—

	Males	Females	Total
Legitimate	740	689	1,429
Illegitimate	101	97	198
	<hr/>	<hr/>	<hr/>
	841	786	1,627
	<hr/>	<hr/>	<hr/>

Live birth rate per 1,000 population	16.9
Adjusted live birth rate (area comparability factor 1.02)	17.2
Illegitimate live births (per cent. of total live births)	12.2

Stillbirths:—

Legitimate	7	10	17
Illegitimate	2	1	3
	<hr/>	<hr/>	<hr/>
	9	11	20
	<hr/>	<hr/>	<hr/>

Stillbirths rate per 1,000 total live and still births	12.0
Total live and still births	1,647

Infant deaths:—

Legitimate	15	18	33
Illegitimate	4	4	8
	<hr/>	<hr/>	<hr/>
	19	22	41
	<hr/>	<hr/>	<hr/>

Infant mortality rates:—

Total infant deaths per 1,000 total live births	25.0
Legitimate infant deaths per 1,000 legitimate live births	23.0
Illegitimate infant deaths per 1,000 illegitimate live births	40.0

Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)	16.0
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)	14.0
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and still births)	26.0

Maternal mortality (including abortion):—

Number of deaths	Nil
Deaths (Males 590; Females 608)	1,198
Death Rate	12.5
Adjusted death rate (area comparability factor 1.08)	13.5
	No. Rate
Deaths from measles	1 0.01
„ „ whooping cough	— —
„ „ diphtheria	— —
„ „ tuberculosis	4 0.04
„ „ cancer	228 2.37
„ „ influenza	6 0.06

VITAL STATISTICS

Population.—The home population of Grimsby County Borough at mid-year 1970 was estimated by the Registrar General to be 96,020, 480 less than the previous year. The natural increase of the population, i.e., the excess of live births over deaths, was 429.

Births.—The number of live births registered was 1,627 (841 males and 786 females) equal to a crude birth rate of 16.9 per cent. of the population. The corrected rate (calculated by multiplying the crude rate by the Registrar General's area comparability factor of 1.02) is 17.2, which continues to be in excess of the average for England and Wales, as shown in the following table:—

Year	Population	Number of Live Births	Live Birth Rate per 1,000 population (corrected)	England and Wales
1961	96,520	1,989	20.8	17.6
1962	96,780	2,031	21.0	18.0
1963	96,350	1,939	20.5	18.2
1964	95,300	1,960	20.9	18.5
1965	95,150	1,834	19.6	18.1
1966	95,030	1,794	19.2	17.7
1967	95,110	1,816	19.5	17.2
1968	97,030	1,762	18.6	16.9
1969	96,500	1,740	18.4	16.3
1970	96,020	1,627	17.2	16.0

Illegitimate births numbered 198 or 12.2 per cent. of the total live births, compared with 251 and 14.4 per cent. respectively for 1969.

Stillbirths.—There were 20 stillbirths registered, which gives a rate of 0.20 per thousand of the population. The rate expressed per thousand total live and still births was 12; for England and Wales it was 13.

Deaths.—Deaths of Grimsby residents totalled 1,198 (590 males and 608 females), representing a crude death rate of 12.5 per thousand of the population, which when multiplied by the Registrar General's area comparability factor of 1.08, gives a corrected rate of 13.5.

Table 1, page 14, records the causes of death in age periods compiled from figures supplied by the Registrar General, while the following tables gives the number of deaths and the corrected death rates for Grimsby for the last decennium, compared with the rates for England and Wales:—

Year	Number of Deaths	Death Rate per 1,000 population (corrected)	England and Wales
1961	1,038	12.0	11.9
1962	1,153	13.3	11.9
1963	1,077	12.5	12.2
1964	1,099	12.9	11.3
1965	1,086	12.3	11.5
1966	1,043	11.9	11.7
1967	1,085	12.3	11.2
1968	1,052	11.9	11.9
1969	1,156	13.1	11.9
1970	1,198	13.5	11.7

A total of 738 persons—residents and non-residents—died in institutions in the Borough, equivalent to 53.2 per cent. of the total deaths (1,387) registered. The percentage last year was 53.5.

Seven hundred and thirteen (59.5 per cent.) of the deaths of Grimsby residents related to persons 70 years of age and upwards, compared with 647 and 56 per cent. respectively in 1969, the numbers at age periods being:—

	Males	Females	Total
Between 70 and under 75 years	95	81	176
" 75 " 80 " 	85	110	195
" 80 " 85 " 	71	112	183
" 85 " 90 " 	41	70	111
90 years and over	11	37	48

Infant mortality.—(Table 2, page 15). There were 41 deaths occurring in infants under one year, equal to a rate of 25 per thousand live births, compared with 18 for England and Wales.

The infant mortality rate per thousand legitimate live births was 23, and illegitimate live births 40; for England and Wales it was 17 and 26 respectively.

Neo-natal mortality.—Of the 41 deaths recorded above, 26 were of infants under 4 weeks, equivalent to a rate of 16 per thousand live births, compared with 12 for England and Wales.

There were 22 deaths of infants under one week, which gives an early neo-natal mortality rate of 14 per thousand live births, compared with 11 for England and Wales.

Perinatal mortality.—The perinatal mortality rate is the combined number of stillbirths and deaths of infants under one week expressed as a rate per thousand total live and still births.

There were 20 stillbirths and 22 deaths in the first week of life registered during the year, giving a perinatal mortality rate of 26, compared with 23 for England and Wales.

The following table gives a summary of the various infant mortality rates in the past 10 years:—

	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Infant Mortality	21.6	23.6	19.1	15.3	16.9	26.2	22.6	20.4	17.0	25.0
Neo-natal Mortality	14.6	13.3	11.3	9.7	13.1	16.7	13.2	13.0	9.0	16.0
Early Neo-natal Mortality	13.5	11.3	9.8	7.6	11.4	15.0	12.1	13.0	6.0	14.0
Perinatal Mortality	31.6	23.8	29.3	22.6	28.4	36.5	28.2	26.3	20.0	26.0
Stillbirth	18.2	12.6	19.7	15.0	17.1	21.8	16.2	13.4	14.0	12.0

Maternal mortality.—There were no deaths of Grimsby residents during the year.

Cancer.—Deaths due to this cause totalled 228 (111 males and 117 females), equal to a local death rate of 2.37 compared with 2.39 for England and Wales. The rates for the previous year were 2.48 and 2.35 respectively.

Cancer of the lung and bronchus accounted for 63 of these deaths, giving a rate of 0.65 per thousand population; for England and Wales it was 0.62. The corresponding rates for last year were 0.81 and 0.61 respectively.

The death rate from other forms of cancer was 1.72 (England and Wales 1.77), compared with rates of 1.67 and 1.74 respectively for 1969.

The following table gives the localisation of disease and number of deaths from cancer for the past ten years:

SITE	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Stomach	34	21	23	26	36	31	20	31	24	29
Lung and Bronchus	54	55	47	51	56	57	55	52	78	63
Breast	8	21	9	16	20	13	23	16	22	25
Uterus	3	9	7	8	8	7	9	12	12	8
Other Sites	104	90	103	113	96	109	107	108	103	103
TOTALS	203	196	189	214	216	217	214	219	239	228

Table 1. Causes of and Ages at Death during the Year 1970
(as compiled from figures supplied by the Registrar General)

CAUSE OF DEATH	All Ages			Under 1-yr.	Age in Years											
	Total	Males	Fem		1-	5-	15-	25-	35-	45-	55-	65-	75-			
All Causes	1198	590	608	41	4	8	16	6	29	70	185	302	537			
Tuberculosis of Respiratory System	2	2	—	—	—	—	—	—	—	1	—	1	—			
Late effects of Respiratory Tuberculosis	2	1	1	—	—	—	—	—	—	2	—	—	—			
Meningococcal Infection	2	1	1	2	—	—	—	—	—	—	—	—	—			
Measles	1	1	—	—	1	—	—	—	—	—	—	—	—			
Other Infective and Parasitic Diseases	5	2	3	1	—	—	—	—	—	—	—	2	2			
Malignant Neoplasm, Buccal Cavity, etc.	4	2	2	—	—	—	—	—	—	—	—	2	2			
Malignant Neoplasm, Oesophagus	3	1	2	—	—	—	—	—	—	1	1	1	—			
do. Stomach	29	12	17	—	—	—	—	—	1	2	5	9	12			
do. Intestine	30	10	20	—	—	—	—	—	1	1	4	11	13			
do. Larynx	1	1	—	—	—	—	—	—	—	—	—	1	—			
do. Lung, Bronchus	63	49	14	—	—	—	—	—	2	8	25	22	6			
do. Breast	25	—	25	—	—	—	—	—	3	6	2	6	8			
do. Uterus	8	—	8	—	—	—	—	—	—	1	3	2	2			
do. Prostate	8	8	—	—	—	—	—	—	—	—	1	1	6			
Leukaemia	3	1	2	—	—	—	1	—	1	—	—	1	—			
Other Malignant Neoplasms	54	27	27	—	—	2	3	1	2	10	7	17	12			
Benign and Unspecified Neoplasms	3	2	1	—	—	—	—	—	—	—	2	1	—			
Diabetes Mellitus	9	2	7	—	—	—	—	—	1	—	—	6	2			
Avitaminoses, etc.	3	1	2	—	—	—	—	—	—	—	2	—	1			
Other Endocrine etc. Diseases	3	—	3	1	—	—	—	—	—	—	1	—	1			
Anaemias	4	2	2	—	—	—	—	—	—	—	—	1	3			
Mental Disorders	1	—	1	—	—	—	—	—	—	—	1	—	—			
Other Diseases of Nervous System, etc.	8	5	3	1	—	—	1	—	—	1	2	2	1			
Chronic Rheumatic Heart Disease	7	2	5	—	—	—	—	1	—	1	2	2	1			
Hypertensive Disease	28	13	15	—	—	—	—	—	1	1	8	6	12			
Ischaemic Heart Disease	291	158	133	—	—	—	—	1	9	11	58	70	142			
Other forms of heart disease	53	22	31	—	—	—	—	—	1	2	4	6	40			
Cerebrovascular Disease	162	67	95	1	—	—	1	—	—	1	14	44	101			
Other Diseases of Circulatory System	51	13	38	—	—	—	2	1	—	1	2	10	35			
Influenza	6	3	3	—	—	—	—	—	—	2	—	—	4			
Pneumonia	81	31	50	2	—	1	—	—	—	2	6	18	52			
Bronchitis and Emphysema	85	63	22	1	—	—	—	—	1	6	20	36	21			
Asthma	1	—	1	—	—	—	—	—	—	—	—	1	—			
Other Diseases of Respiratory System	14	6	8	6	—	—	—	—	2	—	—	2	4			
Peptic Ulcer	7	6	1	—	—	—	—	—	—	2	1	2	2			
Intestinal Obstruction and Hernia	9	2	7	1	—	—	—	—	—	1	4	—	3			
Cirrhosis of Liver	4	3	1	—	1	—	—	—	—	1	—	2	—			
Other Diseases of Digestive System	10	4	6	1	—	—	—	—	—	—	1	3	5			
Nephritis and Nephrosis	3	1	2	—	—	—	—	—	—	—	—	1	2			
Hyperplasia of Prostate	4	4	—	—	—	—	—	—	—	—	—	1	3			
Other Diseases, Genito-Urinary System	9	5	4	—	—	—	—	—	—	—	—	5	4			
Diseases of Musculo-Skeletal System	3	1	2	—	—	—	—	—	—	1	1	—	1			
Congenital Anomalies	10	2	8	8	2	—	—	—	—	—	—	—	—			
Birth Injury, Difficult Labour, etc.	1	1	—	1	—	—	—	—	—	—	—	—	—			
Other causes of Perinatal Mortality	14	8	6	14	—	—	—	—	—	—	—	—	—			
Symptoms & Ill-defined Conditions	22	6	16	—	—	—	—	—	—	—	—	1	21			
Motor Vehicle Accidents	24	20	4	—	—	3	6	1	2	4	3	2	3			
All other Accidents	18	12	6	1	—	2	1	—	1	1	3	1	8			
Suicide and Self-Inflicted Injuries	6	5	1	—	—	—	1	1	1	—	2	1	—			
All other External Causes	4	2	2	—	—	—	—	—	—	—	—	2	2			

Table 2. Infantile Mortality during the year 1970
 Nett Deaths from stated Causes at various Ages under 1 Year of Age.

CAUSES OF DEATH	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	1-3 months	3-6 months	6-9 months	9-12 months	Total Deaths under 1 Year
All causes	22	2	1	1	26	6	5	3	1	41
Meningococcal infections	—	—	—	—	—	—	—	2	—	2
Other infective and parasitic diseases	—	—	—	—	—	1	—	—	—	1
Haemorrhagic conditions	1	—	—	—	1	—	—	—	—	1
Pneumonia	1	—	—	—	1	1	—	—	—	2
Bronchitis	—	—	—	—	—	1	—	—	—	1
Other respiratory diseases	—	—	—	—	—	2	3	—	1	6
Other intestinal obstruction	—	—	—	—	—	1	—	—	—	1
Spina bifida and meningocele	2	—	—	—	2	—	—	—	—	2
Congenital hydrocephalus	—	1	—	—	1	—	—	—	—	1
Congenital malformations of heart	2	—	—	1	3	—	1	—	—	4
Other congenital malformations	1	—	1	—	2	—	—	1	—	3
Injury at birth	3	—	—	—	3	—	—	—	—	3
Haemolytic disease of newborn	1	—	—	—	1	—	—	—	—	1
Immaturity without mention of disease	11	1	—	—	12	—	—	—	—	12
Other accidental causes	—	—	—	—	—	—	1	—	—	1
TOTALS	22	2	1	1	26	6	5	3	1	41

PART II.—CONTROL OF INFECTIOUS DISEASES

NOTIFIABLE INFECTIOUS DISEASES

Incidence.—Table 3 on page 17 sets out the age and sex distribution of the total cases of notifiable disease reported during the year.

Acute Meningitis.—Five cases (2 males and 3 females) were reported, compared with 13 last year. All the cases required hospitalisation. One death in an infant, aged 8 months, was ascribed to meningococcal septicaemia, but this case was not notified.

Dysentery.—Notifications totalled 37 (19 males and 18 females), compared with 50 the previous year. *Shigella Sonne* was identified in 11 of the cases and seven were treated in hospital. There were no deaths from this disease.

Infective Jaundice.—A total of 130 cases (59 males and 71 females) were notified, compared with 190 in 1969. Three patients were admitted to hospital and no deaths occurred.

Measles.—1,432 cases (785 males and 647 females) were reported, compared with 193 last year. Twelve patients were treated in hospital and one death occurred—in a male child, aged 1 year—due to acute bronchitis.

It is probable that some of the increase in the number of cases notified can be accounted to the fact that the withdrawal of the measles vaccine for a considerable period allowed a non-immunised population to be exposed.

Scarlet Fever.—Sixty-one notifications (31 males and 30 females) were received, ten less than in the previous year.

Whooping Cough.—Notifications of this condition totalled 64 (27 males and 37 females), showing a marked increase in the single case reported last year. None of the patients required hospitalisation and no deaths occurred.

Cases, Contacts or Carriers of Infectious Diseases.—The employers of 5 cases (1 male and 4 females) of infectious disease engaged in the handling of food were notified that the person concerned should not resume employment until the medical officer of health certified that it was safe to do so.

Twelve contacts or carriers (4 males and 8 females) also employed in the handling of food were issued with certificates of exclusion from work.

Table 3. Cases of Infectious Diseases notified during the year 1970.

Notifiable Disease	All Ages		Under 1 year		1-2 years		2-3 years		3-4 years		4-5 years		5-10 years		10-15 years		15-20 years		20-25 years		25-35 years		35-45 years		45-65 years		65 years and over	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Acute Meningitis	2	3	5																									
Chicken Pox	64	36	100																									
Dysentery	19	18	37																									
Food Poisoning	59	71	130																									
Infective Jaundice	785	647	1432																									
Measles	31	30	61																									
Scarlet Fever	16	3	19																									
Tuberculosis, Pulmonary	2	2	4																									
Tuberculosis, other forms	27	37	64																									
Whooping Cough	..	..	..																						
TOTALS	1005	847	1852	50	43	115	89	111	102	108	94	116	116	322	36	31	8	11	3	12	8	11	10	6	7	8	4	2

TUBERCULOSIS

Notifications.—A total of 20 cases (16 pulmonary and 4 other forms) were notified, and a further 3 pulmonary cases were put on the register after death. In addition 6 cases already reported in other areas moved into the Borough.

New cases of tuberculosis notified during the year are shown by age and sex in Table 3 on page 17, and the following gives the number of notifications in the past ten years:—

	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Pulmonary	49	61	34	39	47	34	22	40	23	19
Other forms	10	8	12	8	6	8	8	9	3	4
TOTALS	59	69	46	47	53	42	30	49	26	23

The number of cases on the Tuberculosis Register at the end of the year was 565 (516 pulmonary and 49 other forms).

Deaths. The following records the number of deaths for the last decennium:

	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Pulmonary	8	6	5	6	3	5	4	5	1	4
Other forms	2	1	3	1	—	—	1	—	4	—
TOTALS	10	7	8	7	3	5	5	5	5	4

The death rate from all forms of tuberculosis for 1970 was 0.04, compared with 0.03 for England and Wales.

Revision of Register.—Fifty-four notified persons were removed from the current register during the year, as follows:—

Left district	13
Recovered or cured	24
Tuberculosis deaths	4
Died from causes other than tuberculosis	13

Mass Radiography.—The Lincolnshire Mass Radiography Unit visited Grimsby in August, and the following information is available:—

Miniature films taken	6,364
Recalled for large films	52
Referred to Chest Clinic	26
Cases of pulmonary tuberculosis requiring	
(a) close clinic supervision or treatment	—
(b) occasional supervision/no treatment	2
Post primary inactive pulmonary tuberculosis	4
Bronchial carcinoma	2

Chest Clinic.—The following is a general analysis of the work carried out in regard to Grimsby patients at this clinic during the year, supplied by Dr. J. Glen, Consultant Chest Physician.

New cases examined (excluding contacts)				Total
(a) Definitely tuberculous	13	}	... ..	2,171
(b) Diagnosis not completed	70			
(c) Non-tuberculous	2,088			

Contacts examined:				
(a) Definitely tuberculous	1	}	... ..	435
(b) Diagnosis not completed	11			
(c) Non-tuberculous	423			

Cases written off Clinic Register, including 1,962 non-tuberculous 2,104

Cases on Clinic Register as at 31st December				
(a) Definitely tuberculous	554	}	... ..	629
(b) Diagnosis not completed	75			

Total attendances at clinic, including contacts	5,302
Consultations with medical practitioners	4,978
Home visits by nurse	2,967
X-ray examinations — radiographic films	3,505

The number of new diagnosed cases showed a decrease of 16 pulmonary and 4 non-pulmonary compared with 1969, which shows that the low figures are being maintained.

The B.C.G. campaign has now been in existence for many years and on the whole has been directed mainly to those under the age of 15 years so far as this clinic is concerned. The result of this form of immunity is apparent in the ever-lessening number of new cases of tuberculosis in this particular age group.

The number of deaths from tuberculosis was four, thus maintaining the exceptionally low figure in recent years. This emphasises the vast changes that have taken place in the successful modern methods of treatment, and co-operation in all branches of the hospital service, but it is interesting to note that three cases were found at post-mortem and that the disease was not evident while the patient was living and, therefore, no treatment was given.

Non-tuberculous conditions requiring investigation referred to the clinic and either diagnosed there or through in-patient treatment in the chest hospital during the year were as follows:—

	Men	Women	Children
Cancer	44	14	—
Bronchiectasis	1	6	—
Asthma	33	29	7
Unresolved Pneumonia	13	13	—
Non-tuberculous effusion	2	1	—
Spontaneous Pneumothorax	3	1	—
Cardiac	25	20	—
Other conditions	5	11	—
Emphysema	1	—	—
Hodgkin's disease	1	—	—
Totals ...	128	95	7

There is a slight reduction in cancer in both males and females. The tendency for lung cancer to occur at a later age, that is in the 65-75 year age group, is found more often than in previous years.

The following shows the number of new cases referred to the clinic by general medical practitioners, institutions, clinics, etc., in the past six years:—

	Men	Women	Children	Total
1965	869	1,735	233	2,857
1966	953	979	270	2,202
1967	935	800	215	1,950
1968	814	603	274	1,691
1969	1,111	849	279	2,239
1970	1,107	864	212	2,183

The work load remains high and indicates that the general practitioners are using the facilities to the full.

Preventive Care.—This branch of the work embraces many sections and perhaps one outstanding example is the institutional side of treatment for tuberculosis. In an endeavour to reduce the possibility of serious blood spread in the very young child (say under four years) with a positive tuberculin test, but who is apparently well and symptomless, institutional anti-tuberculous drug treatment has been resorted to as a preventive measure and will continue to do so.

It is gratifying to find that no child under clinic supervision in this category has had any serious tuberculous condition and that no case of tuberculous meningitis occurred during the year.

The B.C.G. Vaccination scheme continues on a very satisfactory basis and contacts of all ages, including those at work, have opportunities for examination, tuberculin testing and radiological examination. The investigation into infant contacts has continued to a marked degree, and experience has shown that there is no contra-indication or lack of effectiveness in carrying out vaccination in small infants. The day will be welcomed when this preventive measure can be offered to all children and become a routine vaccination at birth, instead of at 13 years of age.

The number of successful B.C.G. vaccinations was:—

	Men	Women	Children	Total
Contacts	9	13	158	180
On behalf of local authority ...	7	6	87	100
Hospital staffs	—	15	—	15
Hospital in-patients	1	—	5	6
Totals	17	34	250	301

B.C.G. Vaccination is given at birth in the two maternity hospitals in the area of the Grimsby Hospital Management Committee and in a private nursing home where there is a maternity wing. The babies are later seen at the clinic to ascertain that vaccination has been successful.

The number of contacts seen through the clinic is reflected in the vigilance of the health visitors bringing them along for investigation. The majority of contacts diagnosed as having tuberculosis would have escaped detection for a long time but for the facilities available for this form of testing. The ascertainment of such cases is important as they are often found to have a minor degree of disease.

There has been a tendency in certain areas for health visitors to undertake general duties, including chest disease. It is noteworthy that the Medical Advisory Committee of the Department of Health and Social Security sought the views of interested sections, such as the Joint Tuberculosis Committee, the Chest Disease Group of the British Medical Association, and others. All recommended the continuation of chest diseases as a speciality and for the close association of health visitors with chest clinics. It is understood that the Royal College of Physicians has given similar advice and Grimsby, by maintaining the present system, seems to have the support of many influential bodies.

The Housing Sub-Committee has once again been very helpful in dealing with cases of pulmonary tuberculosis and there is complete co-operation between the Medical Officer of Health, the Committee and myself in endeavouring to secure good and adequate housing accommodation for patient and family.

Cases in need of physiotherapy, breathing exercises and postural drainage are referred from the clinic to the Physiotherapy Department at the Scartho Road Hospital. Sessions are also held periodically by Mr. R. C. Barclay, F.R.C.S., parts of which are devoted to the assessment of bronchiectatic cases suitable for surgery, as well as to the follow up of his operative cases, and this arrangement has been found to be most helpful in the assessment of difficult patients.

VENEREAL DISEASES

The Special Treatment Centre is under the administrative control of the Grimsby Hospital Management Committee. The temporary accommodation provided by the local health authority is no longer required as purpose-built premises within the grounds of the Scartho Road Hospital have been provided by the Sheffield Regional Hospital Board. These were occupied at the end of November.

A few cases have been referred by the Consultant Venereologist asking for help from the Health Department in tracing contacts. The Principal Nursing Officer details a health visitor specially for this purpose, who has made all reasonable efforts to trace such contacts.

The Port Health Inspectors have continued to circulate to shipping details of the location and times of sessions of this Centre, and similar information is displayed in all public conveniences.

The following table shows the incidence of this disease in Grimsby over the past ten years:

	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Syphilis	4	7	31	8	12	5	9	7	5	5
Gonorrhoea	45	75	27	43	101	78	59	39	66	64
Other conditions	123	325	150	151	195	189	167	148	185	139
TOTALS	172	407	208	202	308	272	235	194	256	208

PART III.—LOCAL HEALTH SERVICES

CARE OF MOTHERS AND YOUNG CHILDREN

Infant Welfare Clinics.—As in previous years, six premises were utilised, only three of which were purpose built. A total of eight sessions were held weekly as follows:—

Hope Street Welfare Centre	Tuesday & Thursday, 2 p.m.
Watkin Street Welfare Centre	Tuesday & Thursday, 2 p.m.
St. Michael's Church Hall, Littlecoates Road	Tuesday, 2 p.m.
Milton Road Welfare Centre	Wednesday, 2 p.m.
Louth Road Methodist Church Hall	Friday, 2 p.m.
Old Clee Church Hall	Friday, 2 p.m.

These sessions afforded full immunisation and vaccination programmes.

Attendances:

	1970	1969
Under 1 year	12,565	12,860
Between 1 and 2 years ...	2,190	1,771
	<hr/> 14,755	<hr/> 14,631

Toddlers' Clinics.—These were held twice weekly in the following purpose-built Centres, and attended by children aged 18 months to 4 years. An appointment system was employed, and attendances totalled 1,679 compared with 1,746 last year.

Hope Street ...	Wednesday and Friday, 10 a.m. to 12 noon
Watkin Street ...	Wednesday 2 to 4 p.m., Friday 10 a.m. to 12 noon
Milton Road ...	Monday and Thursday, 2 to 4 p.m.

Distribution of Welfare Foods.—This was continued at the Infant Welfare Centres during clinic sessions and at the Victoria Street premises during normal shop hours on week days and Saturday mornings. The amounts of the various materials involved are shown below:—

	1970	1969
National Dried Milk, cartons ...	23,940	24,030
Orange Juice, bottles	19,937	17,947
Cod Liver Oil, bottles	1,154	1,142
A & D Vitamin Tablets, packets	1,749	1,655

Courses in Mothercraft.—These were run concurrently with the classes in the psychoprophylactic preparation for childbirth and consisted of one class meeting once weekly for 8 weeks. Attendances were 968 (915 for 1969).

Parents' Club.—Meetings were held regularly at the Watkin Street Infant Welfare Centre and continued to be popular. The sessions were devoted to social and educational activities, and attendances numbered 744 compared with 746 for the previous year.

Ante-natal clinics.—The municipal midwives continued to hold their booking and ante-natal sessions once weekly at the Hope Street, Watkin Street and Milton Road Centres. A medical officer was in attendance on a part-time basis only, and at the Milton Road Centre sessions only. 185 women attended (196 in 1969).

Post-natal clinics.—The few women who took advantage of this service were seen at the ante-natal sessions. Total attendances were 6, one less than last year.

Nurseries and Child Minders Regulations Act, 1948 (*As amended by the Health Services and Public Health Act, 1968*).—At the 31st December 11 premises and 21 daily minders were registered to provide sessional care for 292 and 93 children respectively.

Notification of Births.—There were notified 1,782 live births and 42 stillbirths, compared with 1,884 and 36 respectively for 1969.

Infant Mortality —

		1970 Rate (per 1,000 live births)		1969 Rate (per 1,000 live births)
Infant Mortality ...	No. 41	25	No. 30	17
Neo-natal Mortality ...	26	16	16	9

Causes of death in the neo-natal period were —

Congenital anomalies	7	Other diseases of digestive system	1
Pneumonia	2	Birth injury	1
Other Endocrine Diseases	1	Other causes of perinatal mortality	14

Causes of death over 1 month were —

Other diseases of		Cerebrovascular disease	1
respiratory system	6	Bronchitis	1
Meningococcal infection	2	Intestinal obstruction and hernia	1
Other infective and		Congenital anomalies	1
parasitic diseases	1	All other accidents	1
Other diseases of nervous system	1		

Weight at birth	Premature live births											
	Born in hospital				Born at home or in a nursing home							
					Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day			
					Died				Died			
	Total Births	within 24 hrs. of birth	in 1 and under 7 days	in 7 days and under 28 days	Total Births	within 24 hrs. of birth	in 1 and under 7 days	in 7 days and under 28 days	Total Births	within 24 hrs. of birth	in 1 and under 7 days	in 7 days and under 28 days
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1. 2lb. 3oz. or less ..	3	3	—	—	—	—	—	—	—	—	—	—
2. Over 2lb. 3oz. up to and including 3lb. 4oz. ..	10	5	1	—	—	—	—	—	1	—	1	—
3. Over 3lb. 4oz. up to and including 4lb. 6oz. ..	20	1	2	1	—	—	—	—	—	—	—	—
4. Over 4lb. 6oz. up to and including 4lb. 15oz. ..	23	2	1	—	2	—	—	—	—	—	—	—
5. Over 4lb. 15oz. up to and including 5lb. 8oz. ..	61	—	—	—	1	—	—	—	—	—	—	—
6. Totals	117	11	4	1	3	—	—	—	1	—	1	—

Prematurity —

	1970	1969
Total premature live births	121	134
Births in hospital	117	129
Born at home	4	5
Percentage surviving at 28 days		
Total		86.0
Born in hospital		86.3
Born at home		100
Born at home and transferred to hospital		—
Stillbirths —	1970	1969
Total number notified	42	36
Outward transfers	23	15
Occurring at home	1	3
Occurring in hospital	41	33
Associated with prematurity	28	17
Macerated	16	18

Contributory causes were —

Congenital defect	12	Pre-eclamptic toxæmia	2
Prematurity	11	Abnormality of cord	1
Ante-partum hæmorrhage	8	Not known	6
Rhesus incompatibility	2		

The following tables are included to give an indication of the range of (a) period of gestation and (b) birth weight.

Period of gestation		Weight of foetus	
30 weeks	4	Under 2lbs.	1
31 „	1	2lbs. and under 3lbs.	4
32 „	6	3lbs. „ „ 4lbs.	10
33 „	3	4lbs. „ „ 5lbs.	8
35 „	1	5lbs. „ „ 6lbs.	8
36 „	3	6lbs. „ „ 7lbs.	3
37 „	3	7lbs. „ „ 8lbs.	6
38 „	1	8lbs. „ „ 9lbs.	2
39 „	2		
40 „	10		
41 „	6		
42 „	2		

Maternal Mortality.—No maternal death was reported.

The “At Risk” Groups.—At 31st December there were 1,053 names on the Register, 478 of which had been placed thereon during the year under review.

Notifications of Congenital Malformation.—There were 26 notifications (25 for the previous year), and these are shown below:—

Congenital dislocation of hip ...	3	Cleft lip	1
Spina bifida	3	Cleft lip with cleft palate	1
Spina bifida with talipes	2	Hypospadias	1
Spina bifida with hydrocephalus	1	Syndactyly	1
Spina bifida with anencephalus	1	Polydactyly	1
Spina bifida with talipes, exom-		Reduction deformity of arm ...	1
phalus and malformations of		Pigmented naevus	1
urino genital organs	1	Hiatus hernia with malforma-	
Talipes	2	tions of alimentary system	
Mongolism	2	and malformations of respira-	
Anencephalus	2	tory system	1
		Other congenital malformations	1

Care of Unmarried Mothers.—Financial responsibility was accepted in three cases, 3 less than in 1969.

Ophthalmic Treatment.—Twenty-one cases were referred from the Maternal and Child Welfare Clinics compared with 26 last year.

Ophthalmia Neonatorum & Pemphigus Neonatorum.—No case was notified.

Orthopaedic Treatment.—There were 29 cases of referral from Infant Welfare Centres, 11 more than in 1969.

Children in Care.—At the request of the Children's Officer, 39 children were medically examined prior to placing with foster parents (34 last year).

Children for Adoption.—At the request of the Lincolnshire Diocesan Board for Moral Welfare 23 babies were medically examined prior to being placed for adoption.

DENTAL SERVICE FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER 5 YEARS

Part A. Attendances and Treatment

Number of Visits for Treatment during year:	Children 0-4 (incl.)	Expectant and Nursing Mothers
First visit	258	92
Subsequent visits	69	165
Total visits	327	257
Number of additional Courses of Treatment other than the First Course commenced dur- ing year	8	2
Treatment provided during the year:		
Number of Fillings	90	207
Teeth Filled	75	156
Teeth Extracted	551	136
General Anaesthetics given	217	36
Emergency visits by Patients	66	11
Patients X-Rayed	—	4
Patients treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)	5	23
Teeth otherwise conserved	2	—
Teeth Root Filled	—	3
Inlays	—	—
Crowns	—	4
Number of Courses of Treatment completed during the year	256	70

Part B. Prosthetics

Patients supplied with F.U. or F.L. (First Time)	12
Patients supplied with other dentures	12
Number of dentures supplied	30

Part C. Anaesthetics

General Anaesthetics administered by Dental Officers ..	—
---	---

Part D. Inspections

	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of patients given First Inspections during year	304	94
Number of Patients who required treatment ..	261	94
Number of Patients who were offered treatment	261	94

Part E. Sessions

Number of Dental Officer Sessions (i.e. equivalent complete half days) devoted to Maternity and Child Welfare patients.

For Treatment	69
For Health Education	—

MIDWIFERY

The number of home confinements was the lowest recorded since the inception of this service, the figures for the last five years being:—

	Deliveries	Visits to Discharges
1966	310	7,877
1967	258	8,661
1968	210	9,114
1969	139	9,921
1970	92	9,787

By operating the Community Care programme relative to the Part II training of pupil midwives it was possible to afford every pupil the mandatory six confinements. If the number of home confinements continues to diminish, as shown above, it will soon become impossible to operate even a Community Care programme.

In this connection it is anticipated that further changes may have to await the provision of a new purpose-built maternity unit at the proposed District General Hospital.

Three midwives continued to attend ante-natal sessions held by general medical practitioners, with the mutual benefit derived by all concerned.

The six pupil midwives who completed the three months domiciliary training enjoyed the new Community Care programme, which included attending at the usual infant welfare and psychoprophylactic sessions.

The Guthrie Test is carried out in the main by the midwives, but there is good liaison with the health visitors in connection with repetition, when required. One positive reaction has occurred since this test was introduced a year ago.

One domiciliary midwife attended a recognised refresher course during the year.

HEALTH VISITING

The establishment provides for 13 full-time health visitors, and the number in post in January was 11. Unfortunately, this number was further reduced by retirement, death, etc., to 7 by the end of the year.

Three student health visitors commenced training at Hull on 1st October.

In order to try and off-set this staffing shortage, there had to be a reorganisation of routine school work and the introduction of more ancillary help in the clinics. There was an even greater selection of domiciliary visiting, with priority being given to health education, clinics (routine and specialist), and liaison with the hospitals and other services.

Student nurses from the Group Training School spent three days in the department, with their individual time being shared between the members of the community nursing team. In this way, it is hoped that they would gain a little insight into what is implied by "complete patient care."

A total of 14,041 visits were made to children under 5, 4,285 less than in the previous year.

Attachment of health visitors to General Medical Practitioners.—Following on from the results obtained from a questionnaire by the Medical Officer of Health to general medical practitioners, the Principal Nursing Officer visited some practitioners who were in favour of attachment. Unfortunately, the progress anticipated had to be severely curtailed in view of the staffing situation. Some health visitors have, however, been able to undertake a form of loose attachment, while others continue with very good liaison.

Psychoprophylaxis.—The tremendous popularity of these classes is obvious and is one of the major channels through which a great deal of health education material is passed to a certain section of the community. A special evening session is always arranged for the prospective fathers during each programme of talks and exercises. The practice varies a little in content from programme to programme, i.e. a film or panel, in the form of "any questions," etc.

Parents' Club.—One of the health visitors, Miss M. C. Bagg, now deceased, will be remembered as a founder member of this successful venture of 19 years ago. The club, which has meetings bi-monthly during nine months of the year, has progressed from strength to strength since its inception and is now very efficiently organised by its own committee of mothers. The choice of programme is very varied and contains a balance of educational and entertainment material. Instead of holding an annual party for the children this year, a sum of money was given to charity.

HOME NURSING SERVICE

The whole-time establishment of this Service at the end of the year was:—

- 2 Senior Nurses (S.R.N.) and (S.R.N., Q.N.)
- 7 Queen's and District Trained Nurses
- 6 State Registered Nurses
- 1 District Trained Male Nurse
- 1 State Enrolled Male Nurse

In addition, two bathing attendants are employed in a part-time capacity on five mornings per week.

One district nurse attended a refresher course arranged by the Queen's Institute of District Nursing, while two others successfully completed a course of district training on a day release basis, organised by the Lindsey County Council.

The total number of visits paid by the nurses is slightly reduced by comparison with last year. Whilst one or two factors may have contributed to this, much care and planning has been given to the practice of modern nursing techniques and to the use of special equipment. This has proved to be invaluable and has possibly contributed to the reduction in twice-daily visiting.

Three nursing teams have continued to work in geographical areas, saving both time and the impracticability of overlapping. This method of working and the development of very good liaison with the general medical practitioners has on the whole been responsible for a satisfactory nursing service.

While it has not been possible, owing to the heavy demands on this Service, to permanently attach district nursing staff to general medical practitioners, a new system of reporting has been evolved. The nurse reports the progress of all chronic sick cases at least once a month and oftener when indicated, having direct access to the general medical practitioners' surgeries.

It is worthy of special mention that several senior schools in the Borough give the whole of the produce of their harvest festival to the District Nursing Service, which is then distributed by the nursing staff to patients in need. This is in addition to the normal Christmas parcels which have always been delivered by the nurses.

The following shows the work done:—

Cases being nursed on 1st January	363
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New cases nursed during the year:—

Adults	924	
Children 5 to 15 years of age	11	
Children under 5 years of age	6	
	—	941
Total		<u>1,304</u>

The figures given below show the total cases and number of visits for the past five years:—

Year	New Cases	Total Cases	Visits
1966	796	1,126	46,538
1967	847	1,161	46,676
1968	826	1,152	49,379
1969	922	1,256	49,351
1970	941	1,304	48,237

Notifiable diseases:—

Tuberculosis	3
Others	7

Post-Natal pyrexia	2
Miscarriage	2
Others	14

Acute	12
Chronic	133

Anaemia	81
Diabetes	19
Broncho-pneumonia	4
Bronchitis	32
Other chest conditions	3
Rheumatic conditions	38
Cerebral haemorrhage — under 60	8
" " — over 60	92
Cancer	125
Ear, nose and throat	—
Gynaecological	16
Cardiac disease	45
Disseminated sclerosis	10
Senility	122
Enemata	56
Others	100

Medical	7
Surgical	4

Medical	5
Surgical	1

Total	...	941
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Injections.—The nursing staff gave injections to 178 patients in their homes, as follows:—

Diabetics (insulin)	15
Antibiotics	14
Diuretics	3
Anti-Anaemia	89
Cortisone	12
Other special injections	45

VACCINATION AND IMMUNISATION

General.—The introduction of vaccination against rubella (german measles) under Circular 11/70 was the important addition to immunising procedures made this year. Only one dose is required and side effects are uncommon. The principal aim of vaccination is to secure immunity in women, before pregnancy, and therefore steps were taken to inform mothers of young girls aged 11 to 14 years about the need and reasons for this immunisation.

Once again it is pleasing to report that there were no cases of smallpox, diphtheria or poliomyelitis in this area.

Diphtheria immunisation.—A total of 1,545 children received the complete course of inoculations as against 1,376 the previous year, and the following shows the immunisation state for the past five years:—

Year	Under 5 years	5–15 years	Total
1966	1,303	231	1,534
1967	1,430	229	1,659
1968	1,288	340	1,628
1969	1,128	248	1,376
1970	1,163	382	1,545

Re-inforcing injections were given to 2,774 children compared with 2,152 last year.

Whooping cough immunisation.—The number of cases of whooping cough continued at a reasonably low level and whooping cough immunisation was given in the triple form to 1,182 (previous year 1,116).

Smallpox vaccination.—The number of children to receive primary smallpox vaccination was 491 as compared with 424 in 1969. Of the total, 190 were in the one-year age group. In addition, twenty-one children were revaccinated.

Poliomyelitis vaccination.—The number of children immunised against poliomyelitis was 1,645. The figures for the past five years are as follows:—

Year	Under 5 years	5–15 years	Total
1966	1,531	166	1,697
1967	1,437	239	1,676
1968	1,322	385	1,707
1969	1,138	249	1,387
1970	1,159	486	1,645

Children are offered a reinforcing dose of oral vaccine at school entry and 2,775 children received these doses this year.

Measles vaccination.—The number of children immunised against measles was 1,105 compared with 708 in the previous year.

The campaign for measles immunisation is not going as well as anticipated but at least there has been an increase over the last year.

Rubella vaccination.—By the end of the year 503 girls who were aged thirteen years, and given first priority, had been immunised. The response to this protection in girls aged eleven to fourteen years was extremely good and it is hoped to continue this programme early next year so that eventually this service may be offered to girls in their first year of secondary education. As a procedure it is considered advisable to immunise girls aged eleven to twelve years before they reach child bearing age.

It may be said here that vaccination of women is not recommended routinely.

AMBULANCE SERVICE

The statistics for this Service are listed below, with the corresponding figures for 1969 in the brackets. Despite increases in mileage and the journeys travelled, there was a slight decline in the number of patients carried.

This decrease is largely due to the constant attendance by the Ambulance Officer at hospitals and clinics, advising staff responsible for ordering ambulance transport. However, the drop in the number of patients carried should not be regarded as a pattern for future years.

A total of 485 patients was transported by rail, 34 less than last year. Great difficulty is being experienced in transporting stretcher cases on diesel trains as the stretcher cannot be passed through the compartment windows into the carriages, but this is a complaint which is general to all ambulance authorities.

The good relations established with local hospitals and the general medical practitioners has enhanced the efficiency of the Service, and the improved co-operation gained from specialist hospitals has been maintained. Mutual arrangements with neighbouring authorities in connection with distant journeys has been continued, thereby avoiding duplication in the use of vehicles.

During the year six of the personnel attended the six weeks course at the Residential Training School of the West Riding County Council of Yorkshire at Cleckheaton; one at the Instructors' Course of two weeks of the Department of Health and Social Security at Wrenbury, Cheshire; and a further six at the two weeks refresher course for staff with over five years service, organised by the Lindsey County Council and held at Horncastle. It is pleasing to record that all received good reports.

A new ambulance and a new dual-purpose vehicle were taken into the Service during the year.

OPERATIONAL

Type of Case	Patients		Journeys	
Accident	580	(979)	442	(1,010)
Other	2,228	(1,903)	858	(997)
Removals (Local) ..	38,928	(39,996)	5,217	(3,089)
Removals (Other) ..	3,945	(4,039)	870	(1,670)
Miscellaneous	2,362	(2,181)	693	(595)
Totals	48,043	(49,098)	8,080	(7,361)

ANALYSIS OF ALL JOURNEYS

Type	Patients		Journeys		Mileage	
Emergency						
Ambulances	1,661	(1,984)	774	(1,100)	33,511	(14,149)
Sitting Case						
Vehicles	1,201	(898)	633	(652)	15,864	(13,131)

General

Ambulances	6,488	(10,432)	1,098	(2,198)	21,316	(72,436)
Sitting Case Vehicles	38,693	(35,784)	5,311	(3,259)	131,502	(95,192)

Abortive & Service

Ambulances	—	(—)	264	(152)	1,350	(776)
Sitting Case Vehicles	—	(—)	—	(—)	—	(—)
Totals	48,043	(49,098)	8,080	(7,361)	203,543	(195,684)

By Rail	485	(519)	485	(711)	37,627	(40,483)
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VEHICLE STATISTICS

	Miles		Petrol (galls.)		M.P.G.	
Ambulances	95,326	(90,606)	6,264	(7,017)	15	(13)
Dual Purpose Vehicles	88,161	(87,003)	4,890	(4,800)	18	(18)
Sitting Case Vehicles	20,056	(18,075)	866½	(723)	23	(25)
Crash Vehicle	126	(133)	10	(18)	12	(8)

AVERAGES

Miles per patient	4	(4.3)	Miles per journey	25	(26.5)
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PREVENTION OF ILLNESS, CARE AND AFTER-CARE

This section of the Health Service has again been administered centrally by the Principal Nursing Officer, with assistance from members of the nursing team (health visitors and district nurses) at field level. All have referred a variety of cases for further assessment and help, as well as doing many important supportive follow-up visits.

Cases have also been referred by general medical practitioners, but these were mostly for a period of convalescence.

There have been a few referrals from other departments, some of which were not within the purview of the General Care Council. Hospital social workers, both within and without the borough boundary, have liaised very well with the follow-up and after-care of children in particular, and in some instances with the elderly. However, this is a section still requiring even closer liaison to further facilitate effective and complete community care.

The following is a summary of work done:—

New Cases	52
Number on whom casework was continued	112
Domiciliary Visits	418
Office Interviews	4

Winter is a most perilous time for the elderly who require extra warmth. Through the generosity of the Grimsby Tuberculosis and Chest Care Committee, a greater number of patients being nursed at home with chest conditions were assisted with the cost of extra fuel.

The National Society for Cancer Relief and the Marie Curie Memorial Foundation have again helped in special cases. Weekly monetary grants were obtained throughout the year for thirteen cases, with an additional grant allowed in certain circumstances. Eight cases also received a Christmas gift of £3. The service of a night nurse was also provided to bring relief to relatives during the terminal stages of nursing a patient at home.

A service providing disposable nappies for handicapped children commenced in March this year, but the demand has not been quite as heavy as was at first anticipated. Parents may collect a month's supply in advance from the dispensary at any one of three purpose-built clinics in the town.

B.C.G. Vaccination.—The following shows the number of vaccinations carried out in the past five years:—

Year	Contact Scheme	School Children Scheme
1966	243	1,220
1967	187	274
1968	147	909
1969	123	1,170
1970	180	1,243

Full information of the year's work in this field is given in the School Health Service section (Part VIII) of this report.

Yellow Fever Vaccination.—Four hundred and fifty-six persons were vaccinated and issued with an international certificate, compared with 326 in the previous year.

Chiropody Service.—I am indebted to the Director of Welfare Services for supplying the following information in respect of this service, which is administered by the Welfare Services Department of the Corporation:—

The number of chiropodists employed is two full-time and two part-time on a sessional basis. Sessions are held daily in the offices of the Welfare Services Department and twice weekly as required in the premises of the part-time chiropodists; domiciliary visiting is also carried out.

A total of 2,177 patients received 8,742 treatments during the year as follows:—

	Patients	Treatments
The William Molson Centre	1,260	5,295
Domiciliary visiting	434	1,017
Welfare Homes	254	951
Private Surgeries	229	1,479

Fluoridation of the Public Water Supply.—There is no evidence that the Grimsby Town Council has altered its attitude towards fluoridation of the public water supply and it is unlikely that they will do so unless there is a much stronger public demand than at present.

Cervical Cytology.—Unfortunately, there has been no increase in the demand for this service and 179 women were examined at the Milton Road Clinic compared with 200 the previous year. The findings were as follows:—

Number of Smears Taken	178
Trichonoma Infection	5
Monilia	1
Positive	1
Inflammatory Changes	8
Breast Examination for further investigation ...	1

Long-stay Immigrants.—All long-stay immigrants were visited by a health visitor and given information about health services available to them and their dependants, as far as possible in their own language. In particular, they are advised to register with a general medical practitioner and avail themselves of x-ray examination and heaf testing facilities provided by the Chest Clinic. This year twenty-four immigrants were visited.

HEALTH EDUCATION

The local health authority subscribes to both the Health Education Council and the Royal Society for the Prevention of Accidents and makes full use of the publicity material of these organisations.

A total of 14 lectures and talks were given to local organisations on various aspects of Public Health and Health Education, four by the Medical Officer of Health, three by the Chief Public Health Inspector and seven by the Principal Nursing Officer. A total of 350 persons attended these meetings. The health visitors also gave a series of 10 lectures on health education to the junior members of the local branch of the British Red Cross Society.

The course in Food Hygiene continued at the Grimsby College of Technology for employees of food shops, catering and food manufacturing premises wishing to take the Certificate of the Royal Society of Health in "Hygiene of Food Retailing and Catering." Sixty students enrolled for this course, the lectures again being given by the Deputy Chief Public Health Inspector assisted by a Principal District Inspector (Food).

Five-day Plan to Stop Smoking.—The Seventh Day Adventist Health Education Service was allowed the use of a clinic in the evenings from 9th to 13th March inclusive, for a campaign to stop "cigarette smoking." The sessions were extremely well attended, and of the 52 persons registered on the first night, 48 stayed the course.

A variety of printed material—posters and leaflets—has been displayed in the local health authority clinics throughout the year. The health visitors have made their own table displays with material of their own design for use in the

clinics, and have also linked up these displays with any national themes suggested by the Health Education Council.

Special evening sessions for adopting parents, arranged at the request of the Lincoln Diocesan Board for Social Work were very well attended. Child care was the essential theme of the talks, but the opportunity was used to include other items of topical interest. Foster parents known to the Board were also catered for, and special evenings were allocated to their specific requirements in child care. The two courses ended with a very enjoyable social/educational evening, which also included the showing of a suitable film.

Health education was also carried out among the school population by the health visitors and school nurses, details of which are given in the School Health Service Section (Part VIII) of this report.

DOMESTIC HELP

The following details relate to the working of this Service:—

Administrative staff on 31st December, 1970:—

Organiser	1	}	4
Deputy Organiser	1		
Clerks (full-time)	2		

Home Helps employed at 31st December, 1970:—

Part-time	177
Full-time equivalent	65.5

Cases assisted during the past three years:—

	1968	1969	1970
Maternity (including expectant mothers)	18	11	1
Aged 65 or over	901	943	1,011
Chronic sick and tuberculous	49	57	54
Mentally disordered	Nil	Nil	Nil
Others	39	34	34
Totals ...	1,007	1,045	1,103

Requests for assistance were received in 420 cases, and after investigation of these 261 were provided with help. The number of cases carried over from the previous year was 842.

The daily visiting of the aged, particularly during the winter months, again increased—29 cases dealt with compared with 24 last year. These cases present many problems when taken into consideration with the fact that the number of home helps available is very limited.

The turnover of personnel has been considerable and recruitment extremely difficult during the year. At the end of December only 177 part-time home helps were employed, compared with 183 in 1969. Despite this decrease a larger case load was dealt with, this being achieved only by (a) decreasing, where possible, help in cases on alternate weeks, particularly during the summer months, and (b) by directing home helps to work additional hours. After investigation in only one case was it possible to make suitable arrangements for the use of the Supplementary Service.

The following figures show the amount of service given in a representative week, when 799 cases were dealt with:—

50 patients received 2 hours but less than 3 hours on any one day.

581 patients received 3 hours but less than 4 hours on any one day.

112 patients received 4 hours but less than 5 hours on any one day.

(Included in the above are 27 patients where a home help called for approximately 1 hour daily).

The remaining 56 patients received two or more half days per week, and included in this figure are 2 cases where a home help called for approximately 1 hour daily.

Payment for the Service.—Of the 1,103 cases assisted, the charges were distributed in the following way:—

	Free of Cost	Part Cost	Full Cost
Maternity	—	3	1
Aged 65 or over	840	143	28
Chronic sick and tuberculous..	45	6	3
Mentally disordered	—	—	—
Others	24	5	5
Totals	909	157	37

The standard charge has remained at 30p an hour

MENTAL HEALTH

This Service includes provision for the mentally ill of all types and mentally handicapped children.

The Chief Mental Welfare Officer, two male and one female senior officers and a male and a female trainee, form the present establishment.

A Women's Club is held on one afternoon each week, mainly for patients who have left the mental hospital, but is open to any other patient who might benefit from attendance. Members provide a valuable form of group therapy for one another and some long-term friendships have been formed in this way.

The Girls' Club, run by the women officers and held at the Junior Training Centre, provides social opportunities for those girls who would otherwise be somewhat isolated. Handwork, cooking of a simple meal, singing and dancing form the main activities. An annual outing is shared with the Women's Club.

Two mental welfare officers attend at each of the two psychiatric clinics held weekly at the Scartho Road Hospital, where follow-up appointments are made as required. The mental welfare officers report to the psychiatrist at fixed intervals on their visits.

The following table gives the number of patients admitted to St. John's Hospital, Lincoln, during the year:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Section 25	16	24	40
Section 26	2	1	3
Section 29	22	24	46
Section 60	1	—	1
Informal	28	42	70
	<hr/>	<hr/>	<hr/>
Totals ...	69	91	160
	<hr/>	<hr/>	<hr/>

In addition, some patients were seen at out-patient clinics at Lincoln and, if necessary, escorted by mental welfare officers.

The following figures relate to cases dealt with under the Mental Health Act, 1959:—

		<i>Males</i>	<i>Females</i>	<i>Total</i>
(a) Mentally Ill	(Under 16 years of age)	1	1	2
	(Aged 16 years and over)	85	173	258
(b) Psycopath	(Under 16 years of age)	—	—	—
	(Aged 16 years and over)	5	9	14
(c) Subnormal	(Under 16 years of age)	2	3	5
	(Aged 16 years and over)	34	33	67
(d) Severely	(Under 16 years of age)	29	30	59
Subnormal	(Aged 16 years and over)	20	34	54
		<hr/>	<hr/>	<hr/>
	Totals ...	176	283	459
		<hr/>	<hr/>	<hr/>

The majority of children admitted to the Special Care Unit have been referred by the Consultant Paediatrician. This Unit is now hard pressed and extension of some kind is sorely needed.

Short-stay care for mentally handicapped patients has been provided at hospital for a further number of patients and this has been extended in a few cases to different times of the year. The numbers accommodated in August have had to be curtailed slightly as the demand exceeded the supply.

There is no voluntary association for mental health in the area, but very close co-operation with the North Lincolnshire Branch of the Society for Mentally Handicapped Children is maintained.

Junior Training Centre.—This Centre is staffed by a Supervisor and six attendants, the former, and two assistants holding the Diploma of the National Association for Mental Health. One junior member of staff is at present at University attending a course for the Diploma. The Special Care Unit is supervised by a qualified nursery nurse, assisted by another member of staff and an older girl, together with some voluntary assistance, which is much appreciated.

The majority of trainees are conveyed to the Centre in two vehicles of the Corporation transport, but a few are brought by the Ambulance Service or by parents. Attendance at the Swimming Baths gives great pleasure to a number of these children. The Annual Sports Day was continued by a return visit of

children from the Scunthorpe Training Centre and the shield was retained by the Grimsby children.

Adult Training Centre.—This Centre is staffed by a Manager, a Deputy Manager and four assistants, and for six months of the year had the voluntary services of a qualified teacher, who dealt with the academic pursuits. This help was greatly appreciated.

Approximately one third of the trainees are transported by the Ambulance Service, the remainder receiving passes for Corporation transport, where necessary.

The sessions at the Swimming Baths continued weekly, with 22 trainees attending.

“Normalisation and Integration” have been the aims of the Centre, and this has been considered from different angles, such as living, working, recreation, etc.

The number of trainees attending at the end of the year was 56 (31 males and 25 females).

PART IV.—SANITARY CIRCUMSTANCES

This section of the report has been compiled by the Chief Public Health Inspector, Mr. A. Manson.

Staff.—One of the pupil Public Health Inspectors, Mr. M. Davie, completed his four-year training programme, and was successful in passing the Diploma Examination of the Public Health Inspectors' Training Board. He was appointed to fill a vacancy on establishment as a District Public Health Inspector as from 30th June, 1970.

A further pupil, Mr. C. I. Mantle, was appointed to fill the vacancy on the 9th November, 1970, and is to attend the University of Aston in Birmingham over a four-year period on a Sandwich Course leading to the Degree in "Environmental Health."

Two other pupils commenced their final year's training and it is hoped they will qualify as public health inspectors next year.

A Technical Assistant, Mr. B. Thaxter, resigned on the 31st July, 1970, having obtained a similar appointment with the Ministry of Works. This vacancy was filled by Mr. D. E. Over, who commenced duty on the 1st September, 1970.

I would like to take this opportunity of expressing my gratitude to all members of the staff for their continued loyal service during the year.

Water Supply.—I am indebted to Mr. C. Cooper, Engineer and Manager of the North East Lincolnshire Water Board, for the following information regarding the public water supply to the Borough.

1. (a) The quality and quantity of water supplied have at all times been satisfactory.
- (b) The action taken in respect of contamination, usually as a result of an underground burst, is to isolate the affected section from the mains supply. During the repair work, all the contaminated parts of the system are cleaned and thoroughly disinfected with chlorine solution.
- (c) The number of dwellinghouses and the number of the population supplied are 36,587 and 96,500 respectively. Records of the population supplied from standpipes are no longer kept as this method of supply is now very rare in the Grimsby area.
- (d) The fluoride content of the water supplied is less than <0.1 mg/l.
2. (a) Bacteriological analyses for the presence of coliforms are carried out once per week on each source of supply after treatment. Approximately 250 such analyses were carried out during 1979 and in no case were coliform organisms detected. Full chemical analyses are also undertaken twice per year on each source of water, copies of which are sent to the Health Department.
- (b) The water supplied to the Grimsby area is not plumbo-solvent."

Set out below are the results of chemical and bacteriological samples of water taken from house taps during the year under review:—

Chemical Analysis

Physical characters

Suspended matter	none
Appearance of a column 2ft. long	clear: colourless
Taste	normal
Odour	none

Chemical Examination

Parts per million

Total solids dried at 180° C.	370.0
Chlorides in terms of Chlorine	15.0
Equivalent to Sodium Chloride	24.7
Nitrites	none
Nitrates as Nitrogen	3.45
Poisonous metals (lead)	less than 0.04
Total hardness	296.0
Temporary hardness	220.0
Permanent hardness	76.0
Oxygen absorbed in 4 hrs. at 80° F.	0.44
Ammoniacal Nitrogen	0.048
Albuminoid Nitrogen	0.040
Free chlorine	none
pH value	7.7

Remarks Satisfactory

(Signed) Hugh Childs for A. H. Allen & Partners

11th June, 1970

Bacteriological Examination

Plate Count: 3 days at 22° C. aerobically — Cols per ml. — Nil
2 days at 37° C. aerobically — Cols. per ml. — One

Coliform Test: B. Coli absent in 100 ml. of sample

Cl. Welchii Absent in 50 ml. of sample

(Signed) H. Lawy, Consultant Bacteriologist

14th December, 1970

Paving and draining of common passages.—Following the service of formal notices under Section 56 of the Public Health Act, 1936, on the owners affected and obtaining written consents, 3 passages involving 23 houses were newly concreted.

Sewerage and Sewage Disposal.—I am indebted to Mr. S. W. Norman, Chief Engineer of the Technical Services Department, for supplying the following information:—

"The County Borough Area is drained on the combined Storm Flow, dry weather flow principle, and discharges into the Humber through three main outfalls, each of which is provided with pumping equipment so that discharge can take place over all states of tide.

"Two of these discharges deal with the flow from the western side of the Borough, and both the sewers, and the pumping stations, which are in one building, have adequate capacity to deal with the existing flows and for the future development in the area. The present system will, however, require extending to the development areas and this work will have to be carried out within the next two years or so.

"The eastern side of the town is dealt with by the third discharge system, and the sewers and the pumping station are working to full capacity under normal conditions, and during periods of extra heavy rainfall become heavily surcharged. The development in this area is substantially complete except on the southern boundaries, and if these areas were developed a serious situation would arise.

"In view of the amount of land available in the westerly area of the town, the Council has decided that further development on the easterly side should be limited until such time as further drainage capacity can be made available to the underdeveloped areas.

"This could be best achieved by combining these areas with other undeveloped land outside the Borough boundary. The South Humberside Feasibility Study indicated that major planning decisions on future growth for the area would be taken in 1972 and until this is known it is not feasible to embark on a further main drainage system."

Public Cleansing.—The Director of Works, Mr. M. C. Palmer-Jones, presents the following report on the Cleansing Services for the year:—

The total amount of house and trade refuse collected amounted to 31,519 tons and apart from 1,519 tons which was salvaged and sold for £14,923 the remainder (30,000 tons) was disposed of by controlled tipping at Little Coates.

New dustbins are still being issued under the Municipal Scheme set up under Section 75(3) of the Public Health Act, 1936, to premises in the Borough and these are renewed as and when the bins become unserviceable.

Sanitary Inspections:—

Accumulations	539	Animals	125
Caravans	27	Common lodging houses	1
Complaints received and investigated	3,636	Dirt and grit nuisances	77
Drainage	1,346	Dirty and verminous houses and persons	58
Drain tests	19	Factories and workplaces	345
Infectious disease enquiries ...	289	Noise nuisances	252
Offensive smells	328	Offensive trades	5
Outworkers	23	Passages and yards	235
Places of entertainment	10	Piggeries and stables	10
Rats and mice	43	Smoke observations	114
Water supply	42	Other matters	1,064

Offensive Trades.—Routine inspections were made of the few remaining offensive trade premises within the Borough.

Fish and Offal Transport.—Surveys were carried out from time to time at certain main road junctions leading out of town to detect nuisance caused by the spillage of offensive liquid on to the highway from fish transport vehicles in contravention of the Byelaws made under Section 82 of the Public Health Act, 1936.

Letters of warning are sent to those found contravening the Byelaws for the first time.

It was not found necessary to institute legal proceedings during the year under review.

Insect Pest Control.—During the year 168 houses and 19 business premises were sprayed for the eradication of vermin.

Treatment by the usual insecticides proved effective and was carried out for the insects shown in the table below:—

Infestation by:	Number of premises disinfested		Total
	Domestic Premises	Business Premises	
Ants	25	—	25
Bed Bugs	4	—	4
Cockroaches	73	11	84
Earwigs	13	—	13
Fleas	11	2	13
Lice	1	—	1
Mites	12	1	13
Silver Fish	1	4	5
Spiders	8	1	9
Woodworm	20	—	20
Totals ...	168	19	187

In addition to the above-mentioned work, the Disinfector also dealt with more than 350 wasps' nests both in gardens and roof spaces of houses.

Rodent Control — The Prevention of Damage by Pests Act, 1949.—Seven hundred and forty complaints were received regarding rat and mice infestations, none of which were found to be major infestations. Warfarin continued to be used successfully, but other types of poisons were used when mice appeared to be resistant to Warfarin.

As during the previous year, there appeared to be a larger influx of rats into the town from the surrounding areas during the early winter months.

The Rodent Operator is carrying out continuous visits to premises within the Borough as a result of complaints received from the public and for general inspections to trace possible infestations.

Work was continued on the baiting of inspection chambers in common passages, which often results in the clearance of infestations originating from the public sewers.

Destruction of Rats and Mice

		Type of Property	
		Non-	Agricultural
		Agricultural	Agricultural
Properties other than sewers			
1.	Number of properties in district	37,420	4
2.	(a) Total number of properties (including nearby premises) inspected following notification	1,014	—
	(b) Number infested by (i) Rats	418	—
	(ii) Mice	371	—
3.	(a) Total number of properties inspected for rats and/or mice for reasons other than notification	40	—
	(b) Number infested by (i) Rats	18	—
	(ii) Mice	21	—

Cleansing of Verminous Persons.—The Cleansing Station was only used occasionally for this purpose.

Laundry for Incontinent Patients.—Part of the Cleansing Station was equipped as a small laundry at the end of 1965 and is used for the washing of sheets, clothing, etc., from incontinent patients being nursed in their own homes.

A twice weekly service is given in needy cases, which is carried out free of cost. The washing is collected and returned by the male laundry attendant in a van provided for this purpose.

This service appears to be appreciated by all concerned.

Atmospheric Pollution.—The contents of the standard deposit gauges for measuring atmospheric pollution situated in Eleanor Street and Bradley Woods were examined monthly, with little variation from last year's results. Estimations are made of air-borne deposited matter consisting of grit, dust, etc., and these are calculated in terms of "milligrammes per square metre per day," a change having been made in 1969 from "tons per square mile per month" in accordance with the proposed change to metrication.

Visits to the Department continued at regular intervals throughout the year by the Alkali Inspector to discuss the problems of noxious fumes emitted from the chemical factories situated on the Humber Bank.

On occasions when maintenance work was being carried out on the filtration plant of one factory, noxious fumes were evident over certain areas of the town depending on the prevailing winds. Some complaints were received from the public during the year and these were referred to the Alkali Inspector for attention.

Following extensions carried out to one large food processing factory, complaints were received regarding noxious fumes being emitted from the cooking processes. After consultation with the management a specialist firm was engaged to supply and fix a "catalytic after-burner unit" to deal with this nuisance. Since this has been installed the nuisance has been considerably reduced, although on occasions the plant has broken down. It is hoped that modifications to the plant to be carried out will eventually solve the problem.

One hundred and fourteen smoke observations were made on factory chimneys to note whether the smoke being emitted complied with the Clean Air Act.

The Central Electricity Generating Board closed down the local power station, and two other large factories also closed during the year. All had coal burning boiler plant, so it can be seen that pollution from smoke in the surrounding areas has been reduced to some extent.

Some nuisance was caused to residents in the neighbourhood of a local dairy by excessive "smut" emissions from the metal chimney stack of the oil-fired boiler plant. Following the employment of a specialist firm of consultants, certain recommendations were made to eliminate this nuisance. It is hoped that the necessary work will be carried out at an early date.

Under the Clean Air Act, 1968, new and more positive control is given over the incineration of trade refuse such as old cars, tyres and upholstery which has given rise to nuisance in the town from time to time. Unfortunately, waste materials from the demolition of a building or clearance of a site can still be burnt in the open subject to certain conditions, i.e. since the burning of waste material in the open on a demolition or construction site may well give rise to nuisance in the neighbourhood, and on that account should not be carried out wherever there is a reasonably practicable alternative method of disposal, e.g. removal for incineration in a properly designed furnace, controlled tipping or salvage, the burning is carried out in such a manner as to minimise the emission of dark smoke under the direct and continuous supervision of the occupier of the premises or a person authorised to act on his behalf.

Installation of Furnaces.—*Notification and applications* for prior approval under Section 3 of the Clean Air Act, 1956.

Thirteen applications for approval of proposed furnace installations were received and dealt with under this Section of the Act. In each case approval was given subject to some modifications where applicable.

Swimming Baths.—There is one Public Swimming Bath and three School Swimming Baths within the Borough, details of which are set out below:—

The Public Swimming Bath.—This is situated in Scartho Road and was opened in December, 1962. The building incorporates a Russian Steam Bath, two Finnish Log Sauna Baths and a restaurant, in addition to the 110ft. by 42ft. District Championship Pool.

Water is supplied from the North East Lincolnshire Water Board's high pressure main. The system is capable of circulating, filtering and chlorinating the pool's 237,000 gallons once every four hours. Two 15ft. by 8ft. diameter horizontal pressure filters have a maximum rate of flow through the filters of 250 gallons per hour per square foot of filter area. There is a total of nine valved inlets along the sides and ends of the pool. Three outlets are set in the bottom of the diving bay and a finger grip scum trough is provided round the full perimeter of the water area. Tests for residual chlorine and pH value are made daily by the Baths Manager and his staff; the free available chlorine content is maintained at a predetermined level.

School Swimming Bath, Eleanor Street.—This bath, measuring approximately 54ft. x 18ft., 3ft. to 4ft. 6in. depth, has a capacity of 22,000 gallons, using the Town's water supply. There is one vertical sand pressure filter, together with chemical dosing and heating plant. Routine daily water tests are made by the Caretaker. In August, 1970, the old tiled pool was re-lined with glass fibre, resulting in a greatly enhanced appearance.

Swimming Bath, Hereford School.—This bath, commissioned in November, 1966, is 82ft. 6in. long by 24ft. wide, with a depth ranging from 3ft. to 6ft.,

and has a capacity of 55,700 gallons of water supplied from the Town's main. The whole of the contents are filtered and chlorinated once every $4\frac{1}{2}$ hours. Circulation within the Pool is of the standard type, with two shallow end inlets and one deep end outlet; overflow channels are incorporated to return the surface water to the filter plant.

The purification plant comprises 2 x 50 square feet pre-coat filters, a manually adjustable gas chlorinator and a water heater. The necessary water tests are made daily by the Attendant.

Swimming Bath, Havelock School.—Opened in September, 1969, this third school pool is the most recent in the Borough. Measuring 25m. (82ft. 6in.) by 30ft., with a depth range of from 3ft. to 9ft. $10\frac{1}{2}$ in., it contains 86,000 gallons of water, which is "turned over" once every four hours. Water circulation within the pool is of the conventional shallow-to-deep system, with surface water skimmer weirs. Chlorination to acceptable standards is by means of a manually adjustable chlorinator. A pre-coat filter is used having a total internal surface treatment area of 200 square feet.

Routine daily tests for chlorine residual, etc., are made by the Attendant.

Places of Entertainment.—As in previous years premises which are subject to annual licences such as cinemas, church halls and schools where stage plays take place, were inspected and only minor defects were noted. These were remedied before the licences were renewed.

Noise Abatement Act, 1960.—Two hundred and fifty-two visits were made to investigate complaints of excessive noise and vibration and the majority of such complaints were concerned with nuisances that occur during the evening and early morning.

It is pleasing to note that a Royal Commission has been established to enquire into "Environmental Pollution." Noise is one of the most important pollutants of the urban environment today and, as is the case of other forms of pollution, must be prevented or at least reduced to an acceptable level. Considerable efforts are now being directed towards the control of this social nuisance and the public health inspector is becoming more and more concerned with the solution of the many problems involved. At the same time the public is becoming more aware of noise and its effects which result in a steady increase of complaints made to local authorities each year.

The most common causes of complaints were noisy animals, noise from road drills and compressors, noise from refrigeration plant in food processing factories and shops adjacent to housing, "pop" groups, etc.

Offices, Shops and Railway Premises Act, 1963.

1. Registration and Inspections

At the end of the year 1,200 premises were on the register, including 56 firms whose premises were newly registered during the year.

Newly registered premises were given their first inspections and routine visits were made to existing registered premises. Following those inspections it was found necessary to send 153 first notices and 22 second notices to 57 offices, 100 shops, 7 wholesale warehouses and 11 catering premises, regarding contraventions of the Act, as follows:—

Not displaying the Regulations	79
Without adequate first aid boxes	83
Without thermometers	41
Without proper hot water supplies	5
Defects	33
Inadequate heating	4
Inadequate ventilation	12

Premises requiring cleansing	10
Premises requiring decoration	10
Without handrails to staircase	8
Inadequate lighting of premises	14
Inadequate lighting of water closets	18
Defective floor coverings	3
Dangerous premises	4
Dangerous machinery	10
Water closets not marked for sexes	3
No intervening ventilated space for water closets	15
Overcrowding	1
Water closet required	3
Without facilities for hanging outdoor clothing	6
Without a supply of drinking water	5
Dangerous lift	1

2. *Operation of the General Provisions of the Act.*

Routine inspections were continued during the year by the District and Port Health Inspectors. The total number of inspections was almost the same as in the previous year, i.e. 822 against 819 in 1969. In cases where contraventions were found, apart from minor matters, letters were sent requesting attention. Where necessary advice was given on steps needed to be taken to comply with the Act. No prosecutions were taken during the year.

Again, advice on the provisions of the Act was given to prospective developers or persons taking over premises or adapting them. As a matter of routine, plans of new buildings are examined and the depositors informed of the requirements of the Act. Generally speaking, co-operation is forthcoming in the enforcement of the Act.

3. *Accidents.*

Twenty-two accidents were notified during the year. Under the Act any accident occurring which causes death, or disables any person for more than 3 days from doing his usual work, should be notified to the enforcing authority. Again it is most likely that more such accidents occurred during 1970 but have not been notified. Occupiers are to be reminded of their duties in this respect.

Fortunately, no accident resulted in death and many of them notified were only of a minor nature. The two main causes of accidents were: (a) slipping on floors, and (b) lifting goods. No accident is considered worthy of special note. The impression gained when investigating accidents was that a number of them were caused by carelessness on the part of the employee rather than negligence on the part of the employer.

4. *Hoists and Lifts Regulations 1968.*

Inspections under these regulations were made where necessary and in only one instance was it found necessary to take any action, when a lift gate on the second floor of a shop was found not to secure effectively.

FACTORIES ACT, 1961

The Annual Report of the Medical Officer of Health in respect of the year 1970 for the County Borough and Port of Grimsby in the County of Lincolnshire.

Part I of the Act

1. **Inspections** for the purpose of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspection (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities.. ..	67	135	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	527	398	37	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	45	11	—	—
Total	639	544	38	—

2. **Cases in which Defects were found**

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases".)

Particulars (1)	Number of cases in which defects were found				No. of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	73	61	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	14	9	—	—	—
Inadequate ventilation (S.3) ..	3	3	—	2	—
Ineffective drainage of floors (S.6) ..	22	12	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ..	4	1	—	—	—

(b) Unsuitable or defective ..	76	59	—	3	—
(c) Not separate for sexes	3	2	—	—	—
Other offences against the Act (not including offences relating to Outwork) ..	4	4	—	—	—
Totals ..	199	151	—	5	—

Part VIII of the Act

Outwork

(Section 133 and 134)

Nature of Work	Section 133			Section 134		
	No. of outworkers in August list required by Section 133(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel making, etc. ..	1	—	—	—	—	—
Curtains and furniture hangings ..	4	—	—	—	—	—
Nets, other than wire nets ..	32	—	—	—	—	—
Total ..	37	—	—	—	—	—

PART V.—HOUSING

The Chief Public Health Inspector reports as follows:—

Housing Act, 1957 — Clearance Areas and Compulsory Purchase Orders.

Work continued during the year in dealing with the Council's approved Clearance Programme.

The following areas which were represented during 1969 were confirmed by the Minister in 1970:—

1. **Grimsby (West Marsh No. 10) Compulsory Purchase Order, 1969**, involving 58 houses. This area was confirmed on the 20th January, 1970, the classification of one house being changed from "pink" to "grey."
2. **Grimsby (West Marsh No. 11) Compulsory Purchase Order, 1969**, involving 43 houses. This area was confirmed on the 20th May, 1970, three properties being excluded from the Order by the Minister.
3. **Grimsby (West Marsh No. 12) Compulsory Purchase Order, 1969**, involving 37 houses, was confirmed, without modification, on the 11th March, 1970.
4. **Grimsby (West Marsh No. 13), Compulsory Purchase Order, 1969**, involving 53 houses, was confirmed on the 24th June, 1970, without modification.
5. **Grimsby (Victor Street No. 1), Compulsory Purchase Order, 1969**, involving 10 houses, was confirmed on the 6th March, 1970, without modification.

Details of the areas represented for clearance in 1970 are as set out below:—

6. **Grimsby (West Marsh No. 14), Compulsory Purchase Order, 1970**, involving 68 houses, was confirmed on the 30th September, 1970, without modification.
7. **Grimsby (West Marsh No. 15), Compulsory Purchase Order, 1970**, involving 15 houses, was confirmed on the 7th August, 1970, without modification.
8. **Grimsby (West Marsh No. 16), Compulsory Purchase Order, 1970**, involving 13 houses, was confirmed on the 7th August, 1970, without modification.
9. **Grimsby (West Marsh No. 17), Compulsory Purchase Order, 1970**, involving 73 houses. The Public Inquiry for this area is to be held on the 2nd February, 1971.
10. **Grimsby (West Marsh No. 18), Compulsory Purchase Order, 1970**, involving 88 houses. The Public Inquiry for this area is to be held on the 2nd February, 1971.
11. **Grimsby (Hamilton Street No. 1), Compulsory Purchase Order, 1970**, involving 20 houses, was confirmed on the 3rd November, 1970, without modification.

12. **Grimsby (Hildyard Street No. 1), Compulsory Purchase Order, 1970**, involving 27 houses. The Public Inquiry was held on the 10th November, 1970, but the Order had not been confirmed by the end of the year.
13. Other areas represented, but not confirmed, by the end of the year:—
Grimsby (Stirling Street No. 1), Compulsory Purchase Order, 1970, involving 27 houses.

Total number of houses represented for clearance during the year 331

Total number of houses in Clearance Areas confirmed by the Minister during the year 297

Individual Unfit Houses.—Closing Orders made under Section 17 of the Housing Act, 1957, were as follows:—

146 Ayscough Street	18 Spencer Street
16 Newmarket Street	33 Yarborough Street

Demolition Orders made under Section 17:—
 41 Anderson Street

Closing Orders made under the provision of Section 18 of the Housing Act, 1957. i.e. for the closure of part of a building:—

Back 92 Victor Street

Housing Statistics

Houses represented under Section 16 of the Housing Act, 1957 6

Demolition Orders made 1

Closing Orders made 5

Number of houses, bungalows and flats erected in the Borough:

(a) By the local authority	Houses	120
	Flats	300

(b) By private enterprise 295

Number of houses demolished during the year 362

Housing — Inspections

Houses (Housing Acts) 753

Houses, defects and nuisances (Public Health Acts) 1,895

Overcrowding (Housing Act) 3

Notices:—

Informal notices served 453

Statutory notices served (474 Public Health Acts,
 1 Grimsby Corporation Act, 1 Factories Act) 476

Work in default of compliance with statutory notices was carried out by contractors on behalf of the Corporation in respect of 103 houses.

Defects remedied and nuisances abated included:—

Chimney repairs	19	Drains cleared	1,691
Doors and frames renewed or repaired	46	(involving 5,959 houses)	
Drains repaired	34	Eavesgutters renewed or repaired	169
Fireplace and range repairs	18	Offensive smells abated	14
Plaster repairs	124	Rainwater pipe repairs and renewals	25
Roof repairs	175	Stairway repairs	16
Sink and pipe repairs	18	Water closet repairs	43
Wall repairs	32	Window repairs	166
Water pipes and taps repaired	19	Yard and path paving repaired	16
Dampness abated	145		

Housing Defects — Legal Proceedings

Legal proceedings were taken against the owners of 18 houses on account of their failure to comply with statutory abatement notices served under Section 93 of the Public Health Act, 1936. Nuisance Orders were issued by the Magistrates in respect of 5 of the houses, the work having been completed in the other cases before the date of the Court hearing.

Housing Act, 1969 — Improvement and Standard Grants

The Act which came into operation on the 25th August, 1969, has placed new emphasis on the improvement of the old housing stock and the trend towards a larger volume of improvement works which was apparent during the latter part of 1969 has gained momentum during the year. Grant enquiries have increased by almost 100 per cent. in 1970 compared with 1969 and Improvement Grant approvals have increased by 64 per cent. against a national average of 43 per cent.

Broadly the Act reduces the conditions which formerly applied to grants, there now being no restrictions imposed on the sale of an improved house. The maximum Improvement Grant has been increased to £1,000 from £400, this figure of £1,000 being increased to £1,200 in respect of the conversion of three-storey buildings into self-contained viable units of accommodation. Repairs necessary to secure improvement to a 12 point standard rank for grant but it is to be emphasised that dwellings requiring only repair cannot be grant aided. Maximum Standard Grants have been increased in normal circumstances from £155 to £200, and a standard grant contribution is no longer made in respect of a food store but is made in respect of a sink.

Standard Grants (Higher Limit) are available for the conversion of buildings to provide bathrooms and for special provisions concerning piped water supplies and some aspects of drainage.

The Act also introduces a new concept in Improvement Areas by providing the framework within which both the dwellings and the environment in a designated area can be improved. Part of the reason for the limited success of house improvement by the provision of amenities has been due to the disregard of environmental matters. People are deterred from investing money in their own homes if the environment is untidy, noisy, dirty, congested or lacking in open space.

The objectives of Area Improvement are:—

1. To give structurally sound houses the necessary amenities for comfortable living and to attend to necessary repairs.
2. To defer the need to redevelop.
3. To give new hope to old areas and to stimulate private investment and effort.
4. To enable people to continue living comfortably in areas to which they are attached.
5. To deal with excessive traffic and parking (and other handicaps) and to bring unused or used land into economic use.

It is generally considered that an area of 300–500 houses would be a suitable size for a General Improvement Area and would require team effort by all interested departments of the local authority.

In order to publicise the new grants under the Housing Act, 1969, a “Better Homes Exhibition” was held at the Town Hall, Grimsby, on the 2nd–4th April,

1970. The Exhibition was opened on Thursday, 2nd April, 1970, at 2.30 p.m. by J. E. Hannigan, Esq., Assistant Secretary to the Ministry of Housing and Local Government, who in his opening speech made special reference to the fact that the clearance and improvement of houses were not to be seen as alternatives but as the complementary objectives of local authorities.

The Exhibition at the Town Hall, which was supplemented by three improved houses made available for public inspection, attracted a large number of people during its three days' duration in spite of inclement weather and appears to have been a most successful method of bringing to the attention of the public the very useful contribution made by the staff of the Public Health Department in securing the improvement of older homes. The staff at the Public Health Department's stand was kept exceedingly busy throughout the period of the exhibition and the information below gives an indication of the amount of interest stimulated.

Visitors to Show Houses

Open to public 2.30 p.m. – 7.0 p.m., April 2nd-4th, 6th-11th

	233 Willingham St.	235 Roberts St.	21 Ripon St.	Total
2nd April, 1970 ...	80	12	150	
3rd „ „ ...	80	30	120	
4th „ „ ...	70	30	70	
	<hr/> 230	<hr/> 72	<hr/> 340	<hr/> 642
6th April, 1970 ...	70	40	50	
7th „ „ ...	56	45	37	
8th „ „ ...	35	82	48	
9th „ „ ...	71	81	60	
10th „ „ ...	53	43	62	
11th „ „ ...	85	86	20	
	<hr/> 370	<hr/> 377	<hr/> 277	<hr/> 1,024
				<hr/> = 1,666
Average per day ...	66	50	68	

Number of requests to visit houses in pursuance of grant enquiries
April 2nd-20th 260

Number of firm requests to inspect properties during the period of
the Exhibition 104

Requests subsequent to the Exhibition were received at the rate of about 15 per day (April 6th-20th, 1970).

In November, 1970, the improved local authority terrace house, 27 Columbia Road, was open to the public for 6 days and attracted 465 visitors and stimulated interest in the locality.

	1970	1969
Number of dwellings for which applications were received during the year	700	354
Number of dwellings for which grants were approved:—		
(a) Standard Grants	120	118
(b) Improvement Grants	279	125

Number of dwellings improved:—

(a) Standard Grants	95	112
(b) Improvement Grants	193	110

Number of local authority houses improved with the aid of Ministry contributions	2	Nil
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Number of visits made for the purpose of enquiry, inspection and supervision	2,437	2,945
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Number of representations received under Section 19 of the Housing Act, 1964	4	3
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Number of houses the subject of representation improved:—

(a) By notice	1	Nil
(b) Voluntarily	2	Nil

Amount of Grants paid:—

	1970	1969
(a) Standard Grants	£8,910	£15,110
(b) Improvement Grants	£54,961	£24,793

By the end of 1970 1,334 houses had been improved with the aid of grant, and of these 719 were improved during the past three years.

Staffing.—The Organisation and Methods Section of the Town Clerk's Department carried out an investigation of the Public Health Department at the beginning of the year and in their original report commented on the staff being inadequate in number for the existing and expected work load. A follow up investigation at the end of the year confirmed the increased work load and it is expected that the department will recruit a further technical assistant early in 1971.

The effect of the work load has been to delay the processing of applications with a consequent deterioration of service and an inability to carry out the optimum degree of work supervision.

At the end of the year work was in progress at 84 premises and a backlog of 80 non-followed up grant enquiries had accumulated.

Since 1965 two Technical Assistants have been engaged on Improvement Grant work and the comparative work loads were as follows:—

	1965	1970
Grant enquiries	137	700
Grants completed	57	293
Amount of Grant paid	£8,200	£63,871

The future declaration of General Improvement Areas will place further heavy demands on the staff of the department and will also involve the staff of other technical departments of the Corporation. The staffing situation will, therefore, have to be kept under constant review.

The Future — Sample Survey of Grimsby Housing Stock

A sample survey of the housing stock of the County Borough carried out by the Public Health Department at the end of 1969 under the provisions of Section 70 of the Housing Act, 1969, gave the following picture:—

County Borough of Grimsby Housing Stock, as at 1st January, 1970

1. Total number of fit houses	15,800	—	17,800
Number of owner/occupied fit houses	9,110	—	10,327
Number of privately tenanted houses	400	—	450

2.	Number of houses 5-point and above	4,505	-	6,007
	Total number of houses owner/occupied	2,930	-	3,910
	Owner/occupied houses needing extensive works to bring them up to 12-point standard	1,729	-	2,305
	Total number of privately tenanted houses	842	-	1,122
	Privately tenanted houses needing extensive works to bring them up to 12-point standard	390	-	528
	Council houses needing extensive works to bring them up to 12-point standard			660
	Vacant property		(approx.)	60
3.	Number of houses less than 5-point	5,560	-	7,160
	Total owner/occupied houses	3,098	-	3,982
	Owner/occupied houses needing extensive works to bring them up to 5-point standard	1,840	-	2,360
	Total private tenanted houses	2,100	-	2,700
	Private tenanted houses needing extensive works to bring them up to 5-point standard	1,630	-	2,090
	Total number of Corporation houses	158	-	202
	Corporation houses needing extensive works to bring them up to 5-point standard	52	-	68
	Vacant property	158	-	202
	Vacant property needing extensive works to bring them up to 5-point standard	158	-	202
	Houses in the above group lacking only internal water closet to bring them up to 5-point standard	2,520	-	3,240
	Unfit houses total	2,460	-	3,540
	of which 38% were owner/occupied; 58% tenanted and 4% vacant			

Central Government statistics indicate that 75,000 houses in England and Wales annually degenerate into the unfit category. Assuming that the Grimsby housing stock is representative of the country as a whole, it would indicate that 120 houses in the County Borough degenerate into this category annually, and could well be expected to come from category 3 above.

At present, however, there are between 10,065 and 13,167 houses in need of improvement, and of this number 7,633 and 9,919 will require extensive and major works to bring them up to 12-point standard.

Properties — Controlled Tenancies

The Housing Act, 1969, has made a far-reaching change in the law concerning dwellings which are the subject of controlled tenancies.

Any property which was provided with all the standard amenities in good repair and otherwise fit at the time of the commencement of the Act, or in which work to provide the amenities was commenced before this date, can become a "regulated tenancy" subject to the local authority issuing a Qualification Certificate and to a fair rent being agreed with the Rent Officer.

Properties without all the standard amenities and in which the owner wishes to provide the amenities will be the subject of Provisional Qualification Certificates. The fair rent is then determined by the Rent Officer in co-operation with the owner and tenant and on completion of the works this fair rent is registered and the house becomes the subject of a "regulated tenancy."

Housing Act, 1969 — Part III

Rent of dwellings in good repair and provided with standard amenities.

1.	Section 45 — Qualification Certificates	
	(a) Applications received	34
	(b) „ granted	8
	(c) „ refused	13
	(d) Appeals (i) allowed	Nil
	(ii) disallowed	Nil
2.	Section 46 — Certificates of Provisional Approval	
	(a) Applications received	12
	(b) „ granted	15
	(c) „ refused	Nil
3.	Section 54	
	Number of County Court Orders made empowering landlords to enter and carry out works	Nil

Caravan Sites Act, 1968 — Ministry of Housing and Local Government Circular 49/68.

There have been no problems concerning gypsies and other itinerants within the Borough during the year.

Common Lodging Houses.—The Brighowgate Hostel, occupied by the Salvation Army, with accommodation for 100 men in a modern building, was visited regularly. Conditions on the whole were found to be satisfactory.

The Seamen's Hostel in Riby Square was bought by the Town Council in 1967 and provided accommodation for 38 men. The premises are administered by the Director of Social Services. Regular inspections were made and on the whole the premises were found to be satisfactory.

Seamen's Hostel. The new Royal National Mission to Deep Sea Fishermen in Hope Street, Grimsby, was opened in 1967, and was built at a total cost of £186,000. This hostel replaced the Mission's previous premises in Riby Square.

The new premises are four storeys in height and there are a total of 51 single person bedrooms, each fitted with a wash-hand basin with hot and cold water supplies furnishings and fittings. Two bathrooms, each with a bath and shower accessory and wash-hand basin, are situated on each floor. There are also three water closets.

Facilities provided include a launderette, residents' lounge, library, writing room, games room, first aid room and residents' dining room. There is also a chapel. In addition to the residents' facilities, a public cafeteria is provided.

Three meals are offered daily, plus snacks at any time for late arrivals. The hostel is open to accommodate fishermen only, but in emergency other seafarers are accepted.

The premises are maintained in a good condition.

PART VI.—INSPECTION AND SUPERVISION OF FOOD

Mr. Adrian Manson, Chief Public Health Inspector, is responsible for this section of the work:—

Inspections

Bakehouses	88	Confectioners' shops	68
Dairies and milk vendors	57	Fish curers	39
Fish shops	36	Food preparers	183
Food stalls & mobile vehicles	42	Fried fish shops	73
Greengrocers	44	Grocers	497
Ice cream makers and vendors	84	Licensed premises	118
Markets	202	Meat shops and stores	170
Restaurants and cafes	198	Schools and hospital kitchens ..	138
Sweet shops	69	Unsound food inspection	117
Visits for sampling	256	Other matters	418

Slaughterhouses.—There are no private slaughterhouses in the Borough.

Meat Inspection Service.—The following livestock were slaughtered in the Corporation's Abattoir during 1970, comparable figures being given for the year 1969.

	<i>Cattle</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>	<i>Total</i>
1970	5,519	243	9,594	22,640	37,996
1969	5,689	271	9,148	24,306	39,414

This table shows a reduction in "throughput" of 1,418 animals, mainly pigs. The number of pigs killed, however, has remained in excess of 20,000 each year since 1965, the record figure being that in 1969.

The following table shows the number of animals inspected and the number of carcasses, organs or parts condemned as the result of disease or parasitic infection:—

	Cattle exclud- ing cows	Cows	Calves	Sheep and lambs	Pigs
Number killed	5,423	96	243	9,594	22,640
Number inspected	5,423	96	243	9,594	22,640
All diseases except Tubercu- losis and Cysticeri: Whole carcasses condemned	1	2	4	6	89
Carcasses of which some part or organ was condemned	1,658	37	8	726	10,149
Percentage of the number inspected affected with disease other than tuber- culosis and cysticeri ..	30.54	40.63	5.35	7.16	45.22
Tuberculosis only: Whole carcasses condemned	—	—	—	—	1
Carcasses of which some part or organ was condemned	—	—	—	—	261

Percentage of the number inspected affected with tuberculosis	—	—	—	—	1.16
Cysticercosis: Carcases of which some part or organ was condemned	3	—	—	45	—
Carcases submitted to treatment by refrigeration ..	3	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

All the carcases and offals of the animals slaughtered were inspected and officially stamped in accordance with the Meat Inspection (Amendment) Regulations, 1966.

Localised single degenerate calcified cysts were found in 26 cattle.

Animal Health.—The general quality of all livestock slaughtered continued to be of a high standard, consisting mainly of young animals with only a small number of cows and ewes. The incidence of disease found, therefore, on post mortem continued to be comparatively low. A higher percentage of condemnations occurred among casualty animals sent in to the Abattoir for emergency slaughter, usually direct from farms, and with some history of injury or illness.

Tuberculosis, so common in former years, was found to a small degree in pigs only. One pig carcase and offal was condemned for generalised tuberculosis and in the others affected the lesions were confined mainly to the mesenteric and sub-maxillary lymphatic nodes. One of the commonest diseases, however, among pigs due to "tail biting" has increased in recent years as the intensive method of raising livestock has developed. The tail injuries are often septic and gangrenous, resulting in many instances in generalised pyaemia and multiple abscesses, and 33 such carcases and offals were condemned during the year.

Details of diseases affecting whole carcases and offals are given in the following table:—

	Cattle	Calves	Sheep	Pigs
Anaemia, Advanced	—	—	—	1
Emaciation	2	—	—	—
Extensive injuries with bruising and gangrene	—	—	—	7
Fever	—	—	1	—
Immaturity	—	2	—	—
Leukaemia	—	—	—	1
Moribund	—	—	—	3
Oedema and Emaciation	—	—	5	14
Pyaemia and multiple abscesses ..	—	—	—	33
Septic Arthritis, Acute	—	—	—	2
Septic Metritis, Acute	1	—	—	—
Septic Peritonitis, Acute	—	—	—	10
Septic Pleurisy, Acute	—	—	—	9
Septic Pneumonia, Acute	—	2	—	6
Swine Erysipelas, Acute	—	—	—	3
Tuberculosis, Generalised	—	—	—	1
Totals	3	4	6	90

In many cases condemnations of parts of carcasses was necessary due to localised conditions and diseases such as fractures and other injuries, bruising, arthritis, etc.

Many common diseases involving only the condemnation of certain organs were again in evidence, e.g. pneumonia, pleurisy, pericarditis, peritonitis, actinomycosis and various parasitic conditions, the latter being the main cause of condemnation of livers, e.g. liver fluke infestations among cattle and sheep; whilst in pigs cirrhosis and "milk spot" caused by parasites was still very common.

The total weight of meat and offal condemned was 36 tons, 15 cwt. and 90 lbs.

Disposal of Condemned Meat.—All condemned carcase meat and offal and all inedible waste is collected in accordance with the Meat (Sterilization) Regulations, 1969, and processed at an approved plant at Killingholme. The new bulk container method of handling this class of material introduced in 1969 continued to operate satisfactorily.

As in previous years certain condemned livers were sold for animal feeding in accordance with the Regulations.

Facilities continued to be given for the collection and freezing of pancreas glands and calf vells for pharmaceutical purposes.

Inspection of other foods resulted in the condemnation of 5,915 tins, 136 bottles and 9,300 packets of various foods amounting to 6 tons, 5cwt. 8 lbs. in weight.

Food Inspection - Issue of Export Certificates.—With the continued expansion of the food processing industry within the Borough once again there has been a further increase in the number of export certificates issued for frozen foods and dried fish manufactured and/or distributed from factories in the area. This has necessitated more frequent inspections and sampling of foods for bacteriological and chemical examinations. One thousand, one hundred and fifty such certificates were issued for food being exported to 41 countries throughout the world.

Milk Supply.—All milk sold within the Borough is heat treated before sale to the public at two dairies in the Borough.

Milk (Special Designations) Regulations, 1963, and the

Milk (Special Designations) (Amendment) Regulations, 1965.

The following table sets out the number of licences in force at the end of the year:—

Wholesalers of Milk	2
Dealer's (Pasteuriser's) Licences	2
Dealer's (Steriliser's) Licences	2
Sterilised Milk - Dealer's Licences (mainly retail shops)	199
Pasteurised Milk - " " " " " "	44
Ultra Heat Treated Milk - Dealer's Licences	11

Bacteriological Examinations

Milk.—Samples of milk were taken at regular intervals from the processing plants, schools and during the course of delivery to consumers.

Details of the number of samples submitted for the prescribed tests are given in the undermentioned table:—

Designation	Number examined	Satisfactory	Failed Methylene Blue Test	Failed Phosphatase Test	Failed Turbidity Test
Pasteurised ..	20	19	1	—	—
Sterilised ..	11	11	—	—	—
Totals ..	31	30	1	—	—

The unsatisfactory sample of Pasteurised Milk failed to satisfy the Methylene Blue Test. The attention of the management of the dairy concerned was drawn to this unsatisfactory sample and all samples taken since have proved to be satisfactory.

Ice Cream.—Samples of ice cream are collected in sterile containers and conveyed to the laboratory in insulated sampling cases. They are then subjected to (1) the Methylene Blue Test in order to assess their relative hygienic qualities, and (2) bacteriological examination for the presence of micro-organisms which indicate unsatisfactory standards of hygiene in their manufacture or handling.

	No. of samples	Satisfactory	Unsatisfactory	Methylene Blue Grading			
				1	2	3	4
Ice Cream ..	9	9	—	6	3	—	—

Eight informal samples of ice cream were submitted for chemical examination, all of which conformed to the Food Standards (Ice Cream) Regulations, 1959. The average fat content of these samples was 8.90 per cent. compared with the minimum of not less than 5 per cent. as laid down in the regulations.

Fresh Cream.—Seventeen samples of fresh cream were submitted for bacteriological examination. The Methylene Blue test on nine of these samples indicated that the Methylene Blue decolourised in from 0 to 3½ hours and non-faecal coli were found in eight samples, thus proving unsatisfactory standards of hygiene in the manufacture and handling of this product.

In each case the manufacturers were notified and requested to take adequate measures to ensure that satisfactory standards of hygiene are maintained at all times.

Other Foods.—Four hundred and eighty-six samples of other foods were submitted for bacteriological examination compared with 361 in the previous year. This work is undertaken in the Department of Pathology at the Grimsby General Hospital.

Food Hygiene

Food Hygiene (General) Regulations, 1970

Type of premises	(i)*	(ii)**	(iii)†	(iv)††
1. Bakehouses	27	27	27	27
2. Bakers' and Confectioners' shops ..	31	31	31	31
3. Butchers' shops	81	80	81	81
4. Cafes, restaurants, canteens, kitchens, snack bars	110	110	110	110
5. Sweet shops and sweet manufacturers ..	65	64	63	63
6. Fish curers	10	10	10	10
7. Preparation of shell fish	1	1	1	1
8. Wet and Fried Fish shops	73	71	73	72
9. Food manufacturers	12	12	12	12
10. Fruiterers and Greengrocers	50	48	47	47
11. Grocers	259	256	250	236
12. Ice Cream Makers	4	4	4	4
13. Hotels and licensed premises	93	90	87	86
14. Mineral water manufacturers	4	4	4	4
15. Pickle makers	1	1	1	1
Totals	821	809	801	785

- *(i) the number of premises.
- ** (ii) the number of premises fitted to comply with Regulation 16 (i.e. a wash basin with hot and cold water supplies — for hand washing).
- † (iii) the number of premises to which Regulation 19 applies.
- †† (iv) the number of premises fitted to comply with Regulation 19 (i.e. a sink with hot and cold water supplies — for washing of food and equipment).

Further work was carried out by the staff during the year on the taking of a series of specimens for bacteriological examination in order to emphasise to food handlers the importance of maintaining the cleanliness of equipment and utensils used in food premises at all times.

The “agar sausage” technique is used for this purpose. After the colonies of bacteria have been grown in an incubator and counted the specimens are then taken back and shown to the food handlers working at the premises from which they were taken. This method of sampling tends to create interest on the part of food handlers and far greater co-operation in maintaining a better standard of cleanliness of their person, utensils and equipment.

Three hundred and ten informal notices were served in respect of contraventions of the Food Hygiene (General) Regulations, 1960, and the Food Hygiene (Markets, Stalls and Delivery Vehicle) Regulations, 1966.

Legal Proceedings — Food Hygiene

Food Hygiene (General) Regulations, 1960.

A bakery firm was found guilty of contraventions of Regulations 6, 6(1) (b), 14(1) (a), 14(2), 16(1), 16(3) and five contraventions of Regulation 23(1). Fines totalling £50 were imposed.

A cold storage firm was found guilty of contraventions of Regulations 6(1), 18, 23(1), 23(1) (a), and 24 in respect of their staff canteen, when fines totalling £95 were imposed.

Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966.

The owner of a fishmonger's van was found guilty of contraventions of Regulations 5(1), 8(c), 9 and 16(3), when fines totalling £9 were imposed.

Food and Drugs Act, 1955

Foreign Matter in Food, etc.—One hundred and six complaints were received and investigated alleging the sale of unsound food or the finding of extraneous matter in food. This number of complaints is nearly twice those received during the previous year.

Each complaint was thoroughly investigated and the majority were justified. In some instances after investigation stocks of food were withdrawn from sale.

Legal proceedings were instituted in twelve cases and warning letters sent where appropriate. Each complainant was subsequently informed by letter of the action taken on their particular complaint.

Complaints regarding foreign matter in food included a piece of wire in cooked chips, glass in a jam tart, a piece of wire in a chocolate biscuit, a piece of a label in a loaf of bread, an earwig in a carton of yoghurt, spider beetle in Yeastamin powder, a spider beetle in a loaf of bread, a maggot in Weetabix, maggots in a tin of sweet corn, a broom bristle in a fish cake, a hairgrip in a bottle of milk, etc.

It is found repeatedly that on investigating complaints of this nature many of the complainants do not wish to get involved in giving evidence when prosecutions are instituted.

Type of food	Nature of complaint			Total	Legal proceedings instituted
	Foreign matter	Affected by Mould	(a) Unsound (b) Unsatisfactory appearance taste or smell		
Bacon	—	1	—	1	1
Biscuits	3	—	—	3	1
Bread	8	6	(a) 1	15	3
Butter	—	1	(a) 1	2	—
Canned fruit ..	1	—	—	1	—
„ meat ..	4	1	(a) 4 (b) 2	11	—
„ vegetables ..	1	—	(a) 1 (b) 4	6	—
Cereals	1	—	—	1	—
Cheese	—	4	—	4	—
Cooked meals ..	1	—	—	1	—
Cooked meats ..	—	—	(a) 6 (b) 1	7	1
Confectionery ..	2	6	(a) 1	9	1
Currants	1	—	—	1	—
Meat pies and pasties etc. ..	2	7	(a) 2	11	2
Fruit pies	—	1	—	1	—
Export shandy ..	1	—	—	1	1
Fish cakes	1	—	—	1	—
Fish and chips ..	1	—	(a) 3	4	—
Fresh fruit	—	—	(a) 2	2	—
Ice cream	1	—	—	1	—
Jam	2	—	—	2	—
Milk	4	—	(b) 2	6	1
Milk dried	—	—	(a) 1	1	—
Potatoes	—	—	(a) 3	3	—
Potato crisps ..	—	1	—	1	—
Poultry	—	—	(a) 1	1	—
Sausages	1	—	(a) 1	2	—
Sweets and chocolates	1	1	(b) 1	3	—
Vegetables	—	—	(a) 1	1	—
Yeastamin powder	1	—	—	1	—
Yoghurt	1	1	—	2	1
Totals	38	30	38	106	12

Legal Proceedings. Food and Drugs Act, 1955.

Offence	Court decision	Fine	Costs
Sale of a loaf of bread which was mouldy	Convicted	£10	Nil
Sale of a loaf of bread containing grease	„	£15	„
Sale of a loaf of bread containing grease	„	£10	„
Sale of bacon containing maggots	„	£25	„
Sale of a bottle of "Export Shandy" containing glass	„	£20	„
Sale of milk in a dirty bottle	„	£10	„
Sale of a Chocolate Crunchie containing a piece of wire	„	£20	„
Sale of Yoghurt containing an earwig	„	£10	„
Sale of mouldy Cornish Pasties	„	£5	„
Sale of mouldy Orange Gateau	„	£5	„
Sale of mouldy Pork Pies	„	£5	„
Sale of cooked pig tails unfit for human consumption	„	£2	„
Total		£137	

Food and Drugs Samples.—The number of samples of food and drugs submitted for analysis during the year was 184, of which 7 or 3.80 per cent. of the total were found to be unsatisfactory.

Food and Drug Samples

	Number Examined		Number Examined		Total
	Informal	Number Adulterated	Formal	Number Adulterated	
Active dried yeast	1	—	—	—	1
Apricots with rice	1	—	—	—	1
Banana pudding	1	—	—	—	1
Beans (sliced)	1	—	—	—	1
Beefburgers	4	1	—	—	4
Blueberry pie	1	—	—	—	1
Bread	1	—	—	—	1
Broad beans	1	—	—	—	1
Cake decorations	1	—	—	—	1
Cheese	4	1	—	—	4
Cheese spread	2	—	—	—	2
Chicken pasties	1	—	—	—	1
Chips	1	—	—	—	1
Chocolate mini roll	1	—	—	—	1
Chocolate sponge roll	1	1	—	—	1
Cod in batter	2	—	—	—	2
Cod in breadcrumbs	2	—	—	—	2
Cod fillets	2	—	—	—	2
Cod portions	6	—	—	—	6
Coffee	1	—	—	—	1
Coffee mate	1	—	—	—	1
Coffee wafer biscuits	1	—	—	—	1
Crab spread	1	—	—	—	1
Cream	1	—	—	—	1
Crispbread - brown rye	1	—	—	—	1
Dairy cream sponge	1	—	—	—	1
Dairy cream trifle	1	—	—	—	1
Dandelion coffee	1	—	—	—	1
Danish all butter coffee cake	1	—	—	—	1
Dried separated milk with non-fat milk	1	—	—	—	1
Double cream	3	—	—	—	3
Fish cakes	13	—	—	—	13
Fish fingers	10	—	—	—	10
French mustard	1	—	—	—	1
Frozen baby carrots	1	—	—	—	1
Frozen cauliflower	1	—	—	—	1
Frozen chipped potatoes	1	—	—	—	1
Frozen damsons	1	—	—	—	1
Frozen pear halves	1	—	—	—	1
Frozen rhubarb	1	—	—	—	1
Frozen sliced beans	1	—	—	—	1
Fruit salad	1	—	—	—	1
Grapefruit juice	1	—	—	—	1
Haddock fillets	1	—	—	—	1
Hake portions in breadcrumbs	2	—	—	—	2
Hamburgers	1	—	—	—	1
Ice cream	9	—	—	—	9
Iced lollies	3	—	—	—	3
Imported processed dried shrimps	1	—	—	—	1
Jam	2	—	—	—	2
Jelly flavoured crystals	1	—	—	—	1
Kipper fillets	1	—	—	—	1
Lem-sip	1	—	—	—	1
Lime juice cordial	1	—	—	—	1
Low fat skimmed milk	1	—	—	—	1
Macedoine	1	—	—	—	1
Maizy margarine	1	—	—	—	1
Mashed potatoes	1	—	—	—	1

Meatless steaks in sauce ..	1	-	-	-	1
Meat pudding ..	1	-	-	-	1
Milk ..	14	3	8	-	22
Mince meat ..	1	-	-	-	1
Mince pie ..	1	-	-	-	1
Minced steak with rich gravy	1	-	-	-	1
Mixed vegetables ..	2	-	-	-	2
Nougat crispies ..	1	-	-	-	1
Orange cake ..	1	-	-	-	1
Orange drink ..	1	-	-	-	1
Ox tongue ..	1	-	-	-	1
Peas ..	1	-	-	-	1
Pie (beef and onions) ..	1	-	-	-	1
Pie (minced steak) ..	1	-	-	-	1
Pork pie ..	1	-	-	-	1
Pork sausage ..	4	-	-	-	4
Pork sausage (Cumberland) ..	-	-	1	1	1
Pure corn oil ..	1	-	-	-	1
Roasting chicken ..	1	-	-	-	1
Roast pork ..	1	-	-	-	1
Rum flavour cola ..	1	-	-	-	1
Sardines in tomato sauce ..	1	-	-	-	1
Suasages in brine ..	1	-	-	-	1
Sausage rolls ..	1	-	-	-	1
Saute kidney ..	1	-	-	-	1
Semolina ..	1	-	-	-	1
Shandy ..	1	-	-	-	1
Sliced apple ..	1	-	-	-	1
Smoked haddock ..	1	-	-	-	1
Steaklets ..	1	-	-	-	1
Stewed steak with rich gravy	1	-	-	-	1
Stuffed pork roll ..	1	-	-	-	1
Sugar mice ..	1	-	-	-	1
Swiss type roll ..	1	-	-	-	1
Sweet corn ..	1	-	-	-	1
Tomato paste ..	1	-	-	-	1
Tuna fish ..	1	-	-	-	1
Ammonium phosphate ..	1	-	-	-	1
Beecham's powders ..	1	-	-	-	1
Fynnon salt ..	1	-	-	-	1
Gee's Linctus ..	1	-	-	-	1
Glycerine, honey & lemon	1	-	-	-	1
Krause's cough linctus ..	1	-	-	-	1
Nardil tablets ..	1	-	-	-	1
Nembutal tablets ..	1	-	-	-	1
Phyllosan ..	1	-	-	-	1
Ribena ..	1	-	-	-	1
Sucron ..	1	-	-	-	1
Sucrow mini lumps ..	1	-	-	-	1
Syrup of figs ..	1	-	-	-	1
Yeast Vite ..	1	-	-	-	1
Totals	175	6	9	1	184

Milk Samples. Twenty samples of milk were analysed during the year; of these eight were taken as formal samples.

The following table shows the average composition of the samples examined during each quarter, and the yearly average.

	No. of samples	Fat %	Solids non-fat %
1st Quarter, 1970 ...	5	3.67	8.55
2nd Quarter, 1970 ...	4	3.41	8.63
3rd Quarter, 1970 ...	5	3.79	8.72
4th Quarter, 1970 ...	6	4.08	8.65
For the year 1970... ..	20	3.74	8.64
For the year 1969... ..	30	3.83	8.77
Requirements of the Sale of Milk Regulations, 1939		3.00	8.50

Unsatisfactory Samples of Food and Drugs

- (a) *Canned Cumberland Pork Sausages* This formal sample of canned pork sausages contained 51.1 per cent. of meat, showing a deficiency of 21.3 per cent.
- The explanation by the manufacturers for the deficiency was that they had added 2-2½ oz. of brine to 8 x 1oz. sausages and that in the cooking process which these sausages had undergone the brine had been absorbed into the sausages and its presence was not apparent.
- The explanation appears to be a feasible one and would account for the deficiency found on analysis.
- The manufacturers were, however, at fault in not stating on the label the brine nature of this product. Legal proceedings were intended but on the assurance that this particular line had been discontinued and stocks withdrawn these were dropped.
- (b) *Austrian Smoked Cheese* This sample was sold incorrectly labelled. According to the Cheese Regulations, 1970, the sample should have borne a label indicating either the type of cheese or a declaration of its minimum fat content. The retailer concerned is now correctly labelling the cheese.
- (c) *Chocolate Sponge Roll* This sample contained 0.85 per cent. of dry fat free cocoa solids as against 3 per cent. recommended by the Code of Practice agreed between the Local Authorities Joint Advisory Committee on Food Standards and the representatives of the Bakery Industry.
- This should have been labelled as Chocolate flavoured roll.
- The manufacturers were notified regarding this matter.
- (d) *Pasteurised Milk* Complaints were received regarding two samples of pasteurised school milk which were alleged to taste peculiar. These were submitted for analyses and the analyst reported they had a distinctly unpleasant chlorinous taste, and that there was very slight evidence of the presence of chlorate. The fault was traced to an incorrect dilution of sterilant used on the farm.
- (e) *Pasteurised Milk* One informal sample of Pasteurised Milk was found to be slightly deficient in milk solids other than milk fat.
- (f) *Beefburgers* One informal sample of Beefburgers contained 78 per cent. of meat instead of 80 per cent. required by the Sausage and Other Meat Product Regulations, 1967. A formal sample taken later proved to be satisfactory.

Poultry Inspection.—There are no poultry processing premises within the Borough.

Fertilisers and Feeding Stuffs Act, 1926.—Fifteen formal samples of fertilisers and feeding stuffs were submitted for chemical analysis. These included 4 samples of feeding stuffs and 11 fertilisers.

All samples conformed to the statutory statements issued.

PART VII.—ADDITIONAL INFORMATION

NATIONAL ASSISTANCE ACTS : INCIDENCE OF BLINDNESS

Forms B.D.8 were received in respect of 31 persons during the year, and as a result of examinations carried out by the ophthalmic surgeons, 26 were certified as blind and 5 as partially sighted. No cases of retrolental fibroplasia were reported.

The total number of blind persons in the Borough on the 31st December was 159 (63 males, 96 females). The number of partially-sighted persons was 77 (31 males, 46 females).

Follow-up of Registered Blind and Partially-Sighted persons

	<i>Cause of disability</i>			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental fibroplasia</i>	<i>Others</i>
(i) Number of cases registered during the year in respect of which Form B.D.8 recommends:—				
(a) No treatment	7	2	—	9
(b) Treatment (medical surgical or optical) ..	5	1	—	7
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	—	—	—	3

PERSONS IN NEED OF CARE AND ATTENTION

It was necessary during the year to take action under Section 47 of the National Assistance Act, 1948 (as amended) to remove two females, aged 71 and 86 years respectively, to chronic sick accommodation.

EPILEPTICS AND CEREBRAL PALSY

From such information as is available the incidence of epilepsy and cerebral palsy in Grimsby is as follows:

Epileptics

		<i>Under 5</i>	<i>5-15</i>	<i>16 and over</i>	<i>Total Number</i>
At ordinary school	Males	—	14	—	14
	Females	—	12	—	12
At special school	Males	—	1	—	1
	Females	—	3	—	3
At training centre	Males	1	3	—	4
	Females	1	3	1	5
*In employment	Males	—	—	29	29
	Females	—	—	11	11
At home	Males	2	—	13	15
	Females	1	—	—	1
TOTALS		5	36	54	95

Cerebral Palsy

			<i>Under 5</i>	<i>5-15</i>	<i>16 and over</i>	<i>Total Number</i>
At ordinary school	Males		—	1	—	1
	Females		—	11	—	11
At special school	Males		—	4	—	4
	Females		—	2	—	2
At training centre	Males		1	9	—	10
	Females		—	3	1	4
*In employment	Males		—	—	3	3
	Females		—	—	3	3
At home	Males		2	—	1	3
	Females		4	—	—	4
TOTALS			7	30	8	45

* Per Disablement Resettlement Officer.

MEDICAL EXAMINATIONS

Medical examinations for superannuation purposes were carried out on 208 employees during the year, 187 by medical staff of the department and 21 by requests to other local authorities. Of these 5 were found unfit for entry into the superannuation scheme, and 4 were deferred for a probationary period.

Six employees for retirement on medical grounds were referred to the Corporation's Medical Referee during January, and the Medical Officer of Health, who undertook these duties from the 1st February, examined a further 18 employees, in addition to investigating and making special reports on 29 employees who had been absent from duty for a period of three months and over.

Examinations for entry into the teaching profession number 29, 8 of these by requests to other authorities. Each candidate received x-ray examination of the chest before appointment and all were found to be fit for entry into the profession. Ninety-seven candidates for admission to training colleges were also examined by the medical staff.

The number of persons examined for employment in the School Meals Service and the College of Technology Refectory of the Local Education Authority was 176. This examination includes tests for carrier conditions and one candidate was found to be unfit for such employment.

Five firemen were also examined by the medical staff in accordance with the provisions of the Fire Services (Appointments and Promotions) Regulations, 1950.

The above represents a total of 539 medical examinations during the year, 504 of which were performed by medical staff of the department, compared with 525 and 484 respectively in 1969.

As recommended in Ministry of Health Circular 18/67—Protection of Children from Tuberculosis—47 employees of the local authority whose work brings them into contact with young children were referred for x-ray examination of the chest.

In accordance with Regulation 22 (2) of The Motor Vehicles (Driving Licences) Regulations, 1970, the Medical Officer of Health reported on 12 persons suffering from epilepsy.

BLOOD DONORS

The Sheffield Regional Transfusion Team is offered the use of the local authority's clinics to hold taking sessions, the Health Clinic in Milton Road being placed at their disposal on two occasions during the year.

LABORATORY FACILITIES

A total of 726 specimens were submitted by the health department for examination in the pathological laboratory at the Grimsby General Hospital, compared with 1,061 in 1969.

GRIMSBY CREMATORIUM

The Medical Officer of Health and his Deputy act as Medical Referee and Deputy Medical Referee respectively to the Grimsby Crematorium.

The number of cremations which have taken place in the past five years is as follows:—

Year	Grimsby residents	Residents from other areas	Total
1966	616	909	1,508
1967	698	815	1,513
1968	665	933	1,598
1969	733	800	1,533
1970	817	901	1,718

PART VIII

SCHOOL HEALTH SERVICE

SCHOOL HEALTH SERVICE

**REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER
FOR THE YEAR 1970**

To the Chairman and Members of the Education Committee.

The health of the Grimsby school child continues to be most satisfactory.

There were no serious epidemics, and the immunising programme was well maintained. During the year a new vaccine against rubella (German Measles) was well launched. This not only prevents this disease, but will also eliminate the birth of defective babies caused by infection during pregnancy with this virus.

Again the number of skin infections has fallen and this, plus fewer cases of plantar warts attending the clinic, is very encouraging. However, the number of pupils with nits has gone up and this is largely accounted for by the popular trend of boys growing long hair.

It will be noted that the Child Guidance Service has had yet another busy year. This merely indicates the well known fact that rising affluence has increased the amount of mental ill-health in every country.

At last we have the services of a Speech Therapist and can offer help to this small but deserving group of handicapped children.

Good emphasis is still being placed on physical education and more and more games are being encouraged. This can do a great deal towards the development of a healthy child.

Likewise, the school dental service has done a good year's work against the old odds of lack of staff, no fluoride in the water supply and an ever increasing abundance of carbohydrate confectionery.

I am grateful to the Education Committee for their sustained interest in health matters, and also to the Director and his staff. Without the full co-operation of the teachers the school health service would be ineffective and I am always thankful for the good relations which exist.

R. GLENN,
Principal School Medical Officer.

HEALTH DEPARTMENT,
QUEEN STREET,
GRIMSBY.
May, 1971.

GRIMSBY COUNTY BOROUGH EDUCATION COMMITTEE

The Worshipful the Mayor—Councillor W. E. Wilkins*Chairman*—Councillor G. R. Berrett*Vice-Chairman*—Councillor K. Prescott*Director of Education*—J. E. Shepherd, M.A.

STAFF OF SCHOOL HEALTH SERVICE

Medical Officer of Health and Principal School Medical Officer—

ROBERT GLENN, M.B., B.Ch., B.A.O., D.P.H., F.R. S.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer—

ROBERT G. HAUGHIE, M.B., Ch.B., D.P.H.

School Medical Officers—

EILEEN M. PRIOR, L.R.C.P., M.R.C.S.

JACK BUCKINGHAM, M.B., Ch.B., D.P.H. (to 31.12.70)

MAIRE M. WARD, M.B., B.A.O., B.Ch. (from 2.3.70)

Principal Dental Officer—

GEOFFREY S. WATSON, B.D.S., L.D.S.

Senior Dental Officer—

PAUL W. GENNEY, B.D.S.

Dental Officers—

VERONICA M. SPENCER, B.D.S., L.D.S., R.C.S., (Eng.) (to 29.6.70)

PETER W. SMITH, L.D.S., R.C.S., (Eng.) (from 1.7.70 to 31.10.70)

ANN TEMPLETON, B.D.S., (from 5.1.70)

HELEN ALLAN, L.D.S., R.C.S., (Eng.) (from 18.11.70)

DAVID U. E. MILLER*, L.D.S., R.C.S., (Eng.)

JENNIFER AYERS*, L.D.S.

Medical Anaesthetist—

F. M. MacDONAGH*, M.R.C.S., L.R.C.P.

Principal Nursing Officer—

Mrs. I. HALDANE

Health Visitor/School Nurses

Miss I. ADAMSON (ret. 30.6.70); Miss M. BAGG, (dec. 4.2.70); Miss J. BELL; Mrs. M. DAWSON; Mrs. H. DRYFE (to 31.7.70); Mrs. M. FREEMANTLE; Mrs. M. JOHNSON; Mrs. M. KOZLOWSKI; Miss V. PAYNE; Mrs. I. STOREY; Miss M. TIPPLER (ret. 31.10.70)

School Nurses—

Mrs. J. BARKER (to 31.9.70); Mrs. L. HALLAM; Mrs. A. C. NICHOLSON*

Mrs. M. RIGGALL (from 11.5.70); Miss H. SCARLETT; Mrs. O. TAYLOR*;

Mrs. M. WAUMSLEY.

Clinic Nurses—

Mrs. S. GARROD; Mrs. J. RATHIE.

Dental Attendants—

Miss I. CHASE; Mrs. M. CUTTING; Mrs. M. FINNIE; Mrs. S. MASON.

Clerical Staff—

Miss A. ROBERTS (Senior); Miss J. BINNINGTON; Mrs. M. DRINKELL*;

Mrs. J. OATEN*; Mrs. M. AYLOTT (Dental).

* part-time appointment.

GENERAL INFORMATION

Home population at all ages (estimated at 30th June)	96,020
Estimated child population (30th June, 1970).	

Under 1 year	...	...	1,650
1 to 4 years inclusive	...	...	6,750
5 to 14 years inclusive	...	...	17,000
Total under 15 years	...	...	<u>25,400</u>

Primary Schools*Number on Rolls*

Number of Schools	...	...	25
Number of departments	...	...	42

11,351

Secondary Schools

Number of schools	...	...	7
Number of departments	...	...	8

3,195

Secondary Grammar and Technical Schools

Grimsby Wintringham Grammar School	...	...	1,153
Havelock School	...	...	1,249
Technical School	...	...	671
Hereford Comprehensive School	1,270

Special School

Carnforth Day Special School	140
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Nursery School

Nunsthorne Nursery School	45
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Total number of pupils on rolls (January, 1971)	...	<u>19,074</u>
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**PART 1—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (Including Nursery and Special Schools)**
TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examina- tion	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examina- tion (See Note 1 above)	Pupils found to require treatment excluding dental diseases and infestation with vermin)		
		Satis- factory	Unsatis- factory		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individua pupils
		No.	No.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1966 and later	113	113	—	—	1	8	7
1965	736	736	—	—	5	115	105
1964	1,046	1,046	—	—	15	169	161
1963	274	274	—	—	2	53	45
1962	29	29	—	—	1	6	3
1961	11	11	—	—	1	4	4
1960	20	20	—	—	—	5	4
1959	1,342	1,342	—	—	32	112	132
1958	691	691	—	—	19	53	63
1957	51	51	—	—	3	4	5
1956	787	786	1	—	19	86	98
1955 and earlier	652	652	—	—	31	42	67
TOTAL	5,752	5,751	1	—	129	657	694

Col. (3) total as a percentage of Col. (2) total 99.99%

Col. (4) total as a percentage of Col. (2) total 0.01%

TABLE B.—OTHER INSPECTIONS

NOTES: A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	..	..	..	..	..	..	280
Number or Re-inspections	..	..	..	..	..	..	33
			Total	..	..	..	313

TABLE C.—INFESTATION WITH VERMIN

NOTES: All cases of infestation, however slight, should be included in Table C. The numbers recorded at (b), (c) and (d) should relate to individual pupils, and not to instances of infestation.

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons 35,163
- (b) Total number of individual pupils found to be infested 1,121
- (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) .. 43
- (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) .. 63

**PART II.—DEFECTS FOUND BY PERIODIC AND SPECIAL
MEDICAL INSPECTIONS DURING THE YEAR**

NOTE: All defects, including defects of pupils at Nursery and Special Schools, noted at period and special medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table, should include separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS				SPECIAL INSPECTION
			ENTRANTS	LEAVERS	OTHERS	TOTAL	
4	Skin	T	28	5	10	43	67
		O	70	26	40	136	—
5	Eyes— a. Vision ..	T	19	46	64	129	—
		O	48	169	157	374	18
	b. Squint ..	T	29	—	12	41	—
		O	45	8	49	102	1
	c. Other ..	T	7	2	3	12	52
		O	11	8	13	32	—
	Ears— a. Hearing ..	T	13	1	9	23	—
		O	15	5	18	38	1
6	b. Otitis Media	T	3	1	3	7	—
		O	25	9	26	60	—
	c. Other ..	T	2	—	2	4	9
		O	15	3	6	24	—
7	Nose and Throat..	T	32	2	11	45	—
		O	112	15	14	141	—
8	Speech	T	7	1	2	10	—
		O	26	3	32	61	4
9	Lymphatic Glands	T	—	—	—	—	—
		O	15	—	4	19	—
10	Heart	T	9	—	3	12	—
		O	22	16	25	63	2
11	Lungs	T	3	1	1	5	—
		O	41	18	39	98	1
12	Developmental— a. Hernia ..	T	1	—	2	3	—
		O	2	—	7	9	—
	b. Other ..	T	6	1	11	18	—
		O	24	13	21	58	4
13	Orthopaedic— a. Posture ..	T	1	1	3	5	—
		O	4	4	8	16	—
	b. Feet ..	T	6	1	10	17	—
		O	24	7	22	53	2
	c. Other ..	T	3	—	6	9	—
		O	24	13	32	69	1
14	Nervous System— a. Epilepsy ..	T	—	—	—	—	—
		O	12	2	11	25	—
	b. Other ..	T	4	—	1	5	—
		O	4	1	8	13	2

15	Psychological— a. Development	T	1	—	2	3	—
		O	11	—	132	144	1
	b. Stability ..	T	13	1	11	25	—
		O	53	5	137	195	—
16	Abdomen ..	T	2	—	1	3	—
		O	13	3	21	37	—
17	Other ..	T	4	—	1	5	—
		O	7	6	34	47	8

PART III—TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

(Including Nursery and Special Schools)

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	15
Errors of refraction (including squint)	295
Total	310
Number of pupils for whom spectacles were prescribed	192

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	51
(b) for adenoids and chronic tonsillitis	176
(c) for other nose and throat conditions	24
Received other forms of treatment	4
Total	255
Total number of pupils still on the register of schools at 31st December, 1970, known to have been provided with hearing aids:	
(a) during the calendar year 1970 (see note below) ..	6
(b) in previous years	8

A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments	80
(b) Pupils treated at school for postural defects ..	—
Total	80

TABLE D.—DISEASES OF THE SKIN
(excluding uncleanness, for which see Table C of Part I)

	Number of pupils known to have been treated
Ringworm—(a) Scalp	—
(b) Body	1
Scabies	30
Impetigo	5
Other skin diseases	28
Total	64

TABLE E.—CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance clinics	619

TABLE F.—SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists	129

TABLE G.—OTHER TREATMENT GIVEN

	Number known to have been treated
(a) Pupils with minor ailments	1,774
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	1,243
(d) Other than (a), (b) and (c) above. Please specify:	
1. Respiratory System	12
2. Cardio-Vascular System	17
3. Alimentary System	140
4. Central Nervous System	20
5. Genito-Urinary System	26
Other conditions not specified	42
Total (a)—(d)	3,274

SCHOOL DENTAL SERVICE

INSPECTIONS

	Number of Pupils		
	Inspected	Requiring treatment	Offered treatment
(a) First Inspection-school	6,579	5,672	5,672
(b) First Inspection-clinic	3,148		
(c) Re-inspection-school or clinic	491		
TOTALS	10,218	6,075	6,075

VISITS (for treatment only)

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit in the calendar year	1,728	1,818	439	3,985
Subsequent visits	1,088	3,121	1,061	5,270
Total visits	2,816	4,939	1,500	9,255

COURSES OF TREATMENT

Additional courses commenced	111	126	37	274
Total courses commenced	1,839	1,944	476	4,259
Courses completed	—	—	—	—

TREATMENT

Fillings in permanent teeth	668	4,748	2,457	7,873
Fillings in deciduous teeth	536	111	—	647
Permanent teeth filled	574	3,927	1,909	6,410
Deciduous teeth filled	442	95	—	537
Permanent teeth extracted	387	1,330	321	2,038
Deciduous teeth extracted	3,331	906	—	4,237
Number of general anaesthetics	1,228	817	130	2,175
Number of emergencies	794	353	50	1,197
Number of pupils X-rayed	—	—	—	208
Prophylaxis	—	—	—	713
Teeth otherwise conserved	—	—	—	18
Teeth root filled	—	—	—	37
Inlays	—	—	—	4
Crowns	—	—	—	58

ORTHODONTICS

New cases commenced during the year	—	—	—	59
Cases completed during the year	—	—	—	41
Cases discontinued during the year	—	—	—	4
Number of removable appliances fitted	—	—	—	95
Number of fixed appliances fitted	—	—	—	1
Number of pupils referred to Hospital Consultants	—	—	—	—

DENTURES

	Ages 5 to 9	Ages 10 - 14	Ages 15 and over	TOTAL
Number of pupils fitted with dentures for the first time	—	—	2	2
(a) with full denture	—	—	2	2
(b) with other dentures	2	18	11	31
TOTAL	2	18	13	33
Number of dentures supplied (first or subsequent time)	2	25	20	47

ANAESTHETICS

Number of general anaesthetics administered by Dental Officers	—	—	—	187
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SESSIONS

	Adminis- trative Sessions	Number of clinical sessions worked in the year					Total Ses- sions
		School Service			M. & C.W. Service		
		Inspection at School	Treat- ment	Dental Health Educa- tion	Treat- ment	Dental Health Educa- tion	
Dental Officers (incl. P.S.D.O.)	82	40	1,576	—	69	—	1,785
Dental Auxiliaries			—	—	—	—	—
Dental Hygienists			—	—	—	—	—
Total	82	40	1,576	—	69	—	1,785

DENTAL HEALTH EDUCATION

Distribution of posters and leaflets to schools. Leaflets and posters displayed in the Clinics.

MEDICAL INSPECTIONS

General condition of pupils inspected.—The routine medical inspection of school children continues to be one of the most important aspects of the work of the School Health Service, and pupils are examined at least three times during their school life—first as a school entrant, then at the age of 10-11 years and finally as a school leaver.

On examination children are divided into two categories (satisfactory or unsatisfactory) according to their physique, height-weight ratio and present state of health. Of the 5,752 children medically examined only 1 (0.01%) was classified as unsatisfactory.

The number of pupils paying for school dinners increased this year to 9,564 and 1,273 were receiving them free. The daily number of children taking school milk was 9,733.

School Clinics.—There are two school clinics - one in Milton Road which is open all day from 8.40 a.m. to 5.30 p.m., and the other at 34 Dudley Street which is open during mornings only. Minor ailment sessions are held each morning, and new cases seen by the clinic nurses were 1,585 (1,629 the previous year), with a total of 6,272 attendances.

Special sessions were held as follows:- Ophthalmic-weekly; Cardiac-monthly or by arrangement.

In addition, the School Medical Officers carry out the examination of candidates for admission to training colleges and entrants to the teaching profession.

Uncleanliness.—The following gives the details of cleanliness inspections with a comparison shown in brackets for the previous year:-

Total Inspections	...	...	35,163	(27,686)
Number of individual pupils found to be infested	...	1,121	(651)	
Number of pupils found to be unclean at the time of routine medical inspection	...	...	46	(30)

Facilities are available at both school clinics for children who repeatedly attend school in a verminous condition to be treated by a trained nurse. Head lotion and special shampoos are freely available from both school clinics where a clinic nurse is in daily attendance.

Diseases of the skin.—Many children with skin conditions are referred directly from schools and other sources to minor ailments sessions for treatment as well as those discovered at routine or special medical inspections.

The incidence per one thousand inspections of all skin diseases found at routine medical inspections during the last five years is as follows:-

	1966	1967	1968	1969	1970
All skin diseases	8.0	4.7	5.6	6.5	4.1
Scabies	0.7	1.0	0.2	0.3	0.2

The following shows the number of cases of contagious skin diseases seen by the medical officer and treated at the clinics during the same period:-

	1966	1967	1968	1969	1970
Scabies	48	117	59	40	29
Impetigo	4	14	33	18	5

One case of ringworm(body) was reported for the first time for several years.

Plantar Warts.—The number of children attending the School Clinic for treatment of this complaint was 676. The routine treatment with Chlorosal proved satisfactory in all cases.

Defects of vision.—Routine vision testing is carried out by school nurses on school entrants and is repeated at ages 8 years, 11 years and finally as school leavers. The last test combines colour vision screening by the Ishihara method.

Two hundred and fifty-five children (145 new cases) were referred to the special Ophthalmic Clinic and glasses were prescribed for 192. Attendances were 426 and no new case of eye disease was referred from the school clinic during the year.

Diseases of Ear, Nose and Throat:-

(a) **Audiometry.**—Routine audiometric testing continued to be carried out at school on 1,038 children in the eight year old age group, and of these 23 were referred to the special audiology session at the School Clinic.

The total number of cases seen at the audiology session was 126 with 12 being referred to the E.N.T. Specialist on account of deafness.

(b) **Nose and Throat Defects.**—The number of cases found to require treatment at routine and special inspections was 45, which were classified as follows:-

Chronic tonsillitis	...	...	...	...	...	...	9
Adenoids only	...	...	...	...	...	...	7
Chronic tonsillitis and adenoids	...	...	...	...	...	...	11
Other conditions	...	...	...	...	...	...	18

Heart Diseases and Rheumatism.—Eleven consultative clinics were held at the school clinic with 65 children (10 new cases) making a total of 71 attendances.

HANDICAPPED PUPILS AND SPECIAL SCHOOLS REGULATIONS (As at end of January, 1971)

Categories of Handicapped Pupils	Number at ordinary school	Number at special school	Number not at school
Blind	—	2	—
Partially sighted	1	—	—
Deaf	1	8	—
Partial hearing	—	3	—
Educationally sub-normal ..	25	121	—
Epileptic	30	—	—
Maladjusted	2	8	—
Physically handicapped ..	2	4	—
Speech defect	—	—	—
Delicate	—	2	—

Infectious Diseases.—The incidence of notifiable disease in children aged 5 to 15 years was as follows :-

Scarlet Fever 46 (50); measles 582 (51); whooping cough 26 (—); chicken-pox 66 (242); dysentery 10 (10); acute meningitis 2 (3); infective jaundice 83 (130); tuberculosis 3 (4);

B.C.G. Vaccination.—Routine vaccination was offered to pupils over the age of twelve years and the number to receive B.C.G. vaccination was 1,243 as compared with 1,170 the previous year. Children with positive skin test reactions are given an opportunity for X-ray examination at the Chest Clinic.

Tuberculin Survey in Schools.—While it is pleasing to report that there has been no necessity to carry out tuberculin surveys in schools since 1967, in March this year class contacts of a notified case of pulmonary tuberculosis were investigated in a secondary school. The majority of pupils had already received B.C.G. vaccination and those referred for X-ray examination were normal.

In May, a child aged five years attending an infant school was notified as suffering from tuberculous meningitis; class contacts were subsequently heat tested and eventually the source of infection was traced to a neighbouring family, which consequently resulted in a further tuberculin survey being carried out at another secondary school.

Diphtheria immunisation.—Special diphtheria immunisation sessions were conducted at school premises in conjunction with medical inspections, and of the following details 315 primary and 2,694 maintenance injections were carried out in schools.

<i>Primary Immunisation</i>		<i>Reinforcing injections</i>	
Under 5 years	1,163	Under 5 years	54
5 to 15 years	382	5 to 15 years	2,720
	<hr/> 1,545		<hr/> 2,774

The total primary immunisations for the previous year was 1,376 and reinforcing injections numbered 2,152.

Poliomyelitis vaccination.—The number of children to receive the complete course of ORAL vaccine was as follows:-

Under 5 years	...	...	...	...	...	1,159
5 to 15 years	...	...	...	...	...	486
						<hr/> 1,645
Reinforcing doses	...	...	...	...	...	2,775
The total primary immunisations for the previous year was	...	...	...	...	...	1,387

Measles vaccination.—The number of children immunised against measles was 1,105 (708 in 1969), and of these 181 were of school age. Unfortunately, there is not the same enthusiasm by parents and some general practitioners towards measles immunisation as there is to the other immunising procedures, and it would seem that further publicity on a national and local scale is indicated.

Rubella vaccination.—Following the receipt of Circular No. 11/70 from the Department of Health and Social Security, arrangements were quickly made in September to offer protection against rubella to all girls between their 11th and 14th birthday. By the end of the year 503 girls who were aged 13 years, and given first priority, had been immunised.

Health Education.—Every member of the staff has contributed in some way to the schools programme of Health Education this year. Three Health Visitors have had regular weekly teaching sessions in three Secondary Modern Girls' Schools and one large Comprehensive School.

In two other Secondary Modern Girls' and Boys' Schools, the school nurse has arranged her series of talks in a way most convenient to all concerned.

All the programmes have included personal and communal hygiene, child care, the Health Service, first-aid and some anatomy in a boys school, as well as smoking and lung cancer and venereal disease.

Many supporting films have been used, along with flannelgraphs and other teaching aids. The shyness of the pupils, which has been quite noticeable in the past, particularly during question time, has practically disappeared. Discussion and question time is always lively, with personal problems coming to the fore and being freely discussed.

The programmes are planned by the health visitors concerned in co-operation with the teaching staff of the school. There is extremely good liaison in this respect, with the best possible use made of films and other teaching aids.

Preventing the spread of verminous infection requires concerted effort by all members of the nursing team, particularly the health visitors and school — nurses. In spite of the practical measures used, together with health education programmes this perpetual nuisance cannot be completely prevented.

Five-Day Plan to Stop Smoking.—In connection with this project, the lecturers of the Seventh Day Adventist Health Education Service took the opportunity to offer sessions to school children to demonstrate the dummy "Smoking Sam". The head teachers of eight secondary schools took advantage of this and 14 lectures and demonstrations were given in these schools.

Employment Certificates.—During the year certificates were issued to 147 school children who were engaged in particular employment after school hours.

Provision of Clothing. Clothing was supplied to 548 children at a cost of £4,241 4s. 6d.

DENTAL SERVICE

(Report by Mr. Geoffrey S. Watson, B.D.S., L.D.S.

Principal Dental Officer)

This year proved to be reasonably satisfactory as far as this service is concerned in relation to the professional staff available.

The amount of work carried out exceeded the national average and dentistry of a high standard was provided; a reflection of the new developments in materials and techniques and a competent staff.

A steady improvement in children's dental health is noticeable although it is felt that this is primarily the result of dental treatment, and not so much a result of an increased attention to oral cleanliness by the patient. The problem of oral hygiene is not made easier by the daily doses of commercial television advertising, which is almost a form of indoctrination, persistently persuading the viewers to ingest more chocolates and sweets, and to seal off the day with a large hot, sugary, milky drink, prior to going to bed.

It has been noticed for years how many school children buy sweets going to and from school - day in day out, year in year out. Literally tons of sweets are being consumed by school children. The facts of oral hygiene and the dangers of decay producing sugars, either are just not getting across to parents

or are being wilfully ignored. Too many mothers give children sweets for peace and quiet, even very young babies in prams are placated with something sweet to suck.

Grimsby, according to the latest information, is one of the "Black Spots" in England and Wales as far as the ratio of dentists to patients is concerned. The average ratio in England is one dentist to 4,448 patients. In Grimsby the ratio is one dentist to 8,050 patients, and apart from a further region south in Lincolnshire, is just about one of the worst off areas in England for dentists. The writer has been repeating this sorry tale, now in its twentieth year. There are only two full time dental officers in this service, and it appears that this number will be Grimsby's quota for the next twenty years.

The writer has yet again to report that Grimsby Town Council refused to fluoridate the drinking water, it being some nine years since this was proposed by the Ministry.

My thanks are due to my staff, colleagues and to the Education and Health Departments, for their willing co-operation during the year.

CHILD GUIDANCE SERVICE

(Report by Mr. J. T. Sime, Senior Educational Psychologist)

SECTION I

The Grimsby Child Guidance Service was established in 1948 as part of the educational provision of the Borough. Its work is based on the schools and head teachers have always supplied nearly half of the referrals. With the service entering its 24th year of help to the community it was felt that the time was ripe for an analysis of what had been achieved in this period, which is little short of a quarter of a century. For this purpose I have looked not only at the work done during 1970 but also at the results of previous years, and compared them in some detail. The findings are of considerable interest and confirm the feelings we have had about numbers of cases, trends as far as symptoms are concerned and, pleasingly, the increasing part being played in case referral by parents and head teachers, especially over the past 3 or 4 years.

The Child Guidance Service is an educationally based service which could aptly be re-named Family Guidance Service. It is at the service of the schools but provides help for many other social agencies. Parents can, and increasingly do, refer their own children. By an agreement with the Lindsey Authority, the Borough has provided a service for parts of the county area but, fortunately, the agreement terminates in March 1971. The agreement ends at an appropriate time because the Grimsby Borough cases increased in 1967 to more than the average *total* Lindsey/Grimsby case load for the six previous years 1960 to 1966.

Since 1967 the Borough case load has continued at this high level. The emphasis has always been educational but since taking up my appointment as Psychologist in charge of the service the emphasis has also been on prevention and on catching problems at the earliest possible time before full blown maladjustment develops. Prevention depends on a continuous in-service training programme. Since head teachers are the largest single source of case referrals it was felt that they would be helped in deciding who should be seen by the service if they had, in their schools, someone skilled in detecting emotional problems long before they have become so serious that they come to the attention of doctors, the Social Services Department, the Police or other agency. Every child is a pupil in some school and under the eye of teachers.

Our Remedial Service provides help for children who are failing in school work, especially reading, and these teachers, even more than the class teacher, are likely to come into contact with numbers of children showing early signs of maladjustment. The Remedial Teachers are our roots within the schools. It is always the head teacher who decides who should be referred from his school but in making a decision he is often aided by the Remedial Teacher. In addition to the initial training which Remedial Teachers now receive there is a continuous in-service training programme which allows me to keep them up to date with advancing knowledge in psychology. The system can only work with the fullest co-operation between the individual head teachers and the Child Guidance Service and I wish to take this opportunity to thank all those head teachers who have supported the service in so many diverse ways. Not the least of these is the manner in which they show their faith in us by the increasing volume of children they ask us to examine and help. Prevention depends not only on having specially trained Remedial Teachers within the schools but also on the widest possible dissemination of knowledge. For this purpose news letters are sent out from time to time to head teachers and others who refer children.

The purpose of these news letters is to pass on up to the minute information about emotional, habit or behavioural problems and the discoveries of ourselves or of our colleagues in the British Psychological Society. Talks are given to various parent groups on the handling of problems which inevitably arise in childhood. All children have problems but normally these will pass unless parental handling deteriorates, as it sometimes does in the face of such difficulties. Sound advice at the right time can spare heartache later and there is no doubt that it saves the taxpayer hard cash as well by avoiding expensive social, emotional or educational problems later on.

The problems we have dealt with have been classified under the headings of Habit, Behavioural, Emotional and Educational. The sources of referral apart from Head Teachers are Doctors, Parents, the Social Services Department, the Director of Education and his staff and the Police Liaison Scheme.

SECTION II

Staff

During the year there were several changes of staff among the Remedial Teachers. For a large part of the year we were without both a Social Worker and an Assistant Psychologist. As a result we asked Head Teachers to restrict referrals temporarily and I am very grateful to them for their co-operation in this respect.

SECTION III

Remedial Teaching Service

Remedial Teachers work within various schools where they help children who are failing in reading, where that failure is not due simply to a lack of ability. Over 1200 children were helped in this way during the year. In addition to the obvious task of preventing a child from slipping further and further behind because of his inability to read, these teachers are, as has already been said, our roots within the schools since the children they help are the "at risk" group who are likely to have, or to develop, problems other than educational retardation. By noting early signs of maladjustment and bringing this to the notice of the head teacher who may deal with it or refer the problem to us, the Remedial Teacher also plays an invaluable preventive role. Remedial Teachers must be fully qualified teachers with at least five years successful teaching behind them. An interest in psychology or additional

qualifications is looked for when making new appointments. Each teacher is given an in-service training course and is expected to keep up to date by attending regular monthly lecture/discussion meetings in the Child Guidance Centre.

The Remedial Teaching Service is supervised by Mr. E. F. Hymers, who combines the duties of Senior Remedial Teacher with those of Psychological Examiner. Mr. Hymers acts as the link between the Remedial Teachers in the school and the Child Guidance Centre. In addition to his duties of Psychological Examiner and Senior Remedial Teacher, Mr. Hymers' skills are often called for when Secondary Schools are setting up or modifying Remedial Departments. A great deal of work has gone into this during 1970 which does not appear anywhere on the statistics.

SECTION IV

Hospital Classes

There are two hospital classes doing invaluable work among children in hospital. During the year 981 children were helped in this way. The aim of the classes is to prevent children falling behind with school work while they are in hospital and also to keep them busy and happy as an aid to recovery.

SECTION V

Combined Clinic

The Combined Clinic held monthly has continued throughout the year. Present at these clinics are Dr. Hunter, Paediatrician and representatives of the Health Department, Speech Therapy and Child Guidance. The Clinics are not only invaluable in achieving co-operation but also in bringing to our attention children with probable future learning difficulties when they may still be only two or three years of age. This allows a thorough diagnosis before the child is of school age.

SECTION VI

Play Group Course

The course on the Pre-school Child, run by the Child Guidance Centre in conjunction with the Grimsby College of Technology, is running successfully again for the third year. Thirty-two ladies enrolled in September, 1970, with Mrs. M. N. Green as Tutor in Charge.

The course incorporates, not only advice on the method of organising and running a playgroup and on first aid and nutrition, but, bearing in mind the fact that most of the playgroup organisers are completely untrained in dealing with young children, visits have been made to Nursery and Infants' Schools, and much practical work in Art, Music and creative activities has been included.

That the course is successfully filling a need is proved by the fact that already there is a waiting list for the course due to start in September, 1971.

SECTION VII

STATISTICS FOR ANNUAL REPORT AT 31st DECEMBER, 1970

							Grimsby
Number of cases carried forward from 1969	...	...	...	...	...	...	303
Number of cases referred during 1970	...	...	...	...	...	...	316
Total number of cases dealt with during 1970	...	...	...	...	...	...	619
Number of cases closed during 1970	...	...	...	...	...	...	305
Number of cases open at 31.12.70	...	...	...	...	...	...	314
Number of cases opened and closed during 1970	...	...	...	...	...	...	109

Age at time of referral (of those referred in 1970)

Below five years	...	...	...	...	...	...	25
Five but not seven	...	...	...	...	...	...	65
Seven but not eleven	...	...	...	...	...	...	130
Eleven but not fifteen	...	...	...	...	...	...	94
Fifteen and over	...	...	...	...	...	...	2
							<hr/>
							316
Total number of girls referred	...	...	...	...	...	...	126
Total number of boys referred	...	...	...	...	...	...	190
							<hr/>
							316

Reason for referral

Habit problems	...	...	...	...	...	...	12
Emotional problems	...	...	...	...	...	...	59
Mental Assessment	...	...	...	...	...	...	97
Behaviour	...	...	...	...	...	...	101
Psychiatric or Court Report	...	...	...	...	...	...	0
Educational Guidance	...	...	...	...	...	...	29
School refusal	...	...	...	...	...	...	3
Chinese	...	...	...	...	...	...	5
Other	...	...	...	...	...	...	10
							<hr/>
							316

Source of Referral

Parents	...	...	...	...	...	...	36
Head Teachers	...	...	...	...	...	...	185
Medical Officer of Health	...	...	...	...	...	...	22
Director of Education	...	...	...	...	...	...	17
G.P.s and Consultants	...	...	...	...	...	...	36
Children's Officer	...	...	...	...	...	...	5
Probation Officer	...	...	...	...	...	...	1
Police	...	...	...	...	...	...	4
Other	...	...	...	...	...	...	10
							<hr/>
							316

SECTION VIII

Comments on Statistics

If one looks at statistics showing cases referred from 1948 until 1970 it will be seen that numbers remained static between 1949 and 1953. From then on numbers increased until 1960 when there was again a static period until 1966. From 1966 on there was a dramatic increase in cases to 678 in 1967 and 906 in 1968, when the Child Guidance Centre was fully staffed. In the two following years of 1969 and 1970, because there were staff shortages Head Teachers were asked to restrict referrals to the more serious cases. There was not, however, a dramatic drop in the number of children seen. The most interesting increase has been in the Grimsby-only cases, which have crept up from 1960 quite steadily until 1968. After restriction in 1969 and 1970 through staff shortage the Grimsby cases again show signs of being on the increase.

An analysis of referrals by symptoms is of considerable interest. Habit disorders increased between 1953 and 1960 but have shown a steady decline since then except for a sharp increase in 1968 which may be accounted for by the experimental work which we were carrying on at that time on the problem of enuresis. Children referred for Mental Assessment and Educational Guidance were in 1970 above the average for the ten years 1960 to 1970. Behavioural disorders have shown a steady increase since 1953 and this increase continues with minor fluctuations. Behavioural problems drop as a percentage of the case load in 1968 largely because of the increasing number of other problems being referred. In 1970 behavioural problems make up over 30 per cent. of the total cases seen. *Probably the most dramatic increase of any problem referred has been that of Emotional Disorders.* From 1953 there was an increase until 1960 but numbers fluctuated around an average figure until 1967 when there was a sudden and, so far, unexplained jump in numbers in 1968. A slight decrease in 1969 was followed by a further increase in 1970. Emotional problems have not only increased in numbers but they have even become a much larger part of the total case load since 1967.

An analysis was also carried out of the referrals by source. This has been traced from 1953 to 1970. Numbers of referrals by the Probation Service have never been large and range between 2 and 6 until 1967. In 1968 they jumped to 20 but have dropped again to 3 and 2 cases respectively in 1969 and 1970. Medical referrals increased from 1953 to 1959 and then with minor fluctuations remained around an average of 89 until the present time. Indications are that numbers for 1971 may be around the average again. I have separated our referrals by G.P.'s from those of the Medical Officer of Health and it is noted that where the general practitioners' referrals are high the Medical Officer of Health referrals appear to be lower and vice versa. From this it seems that if a child is not referred by one of these sources he tends to be referred by the other. After a drop between 1968 and 1969 referrals through general practitioners rose again in 1970 to the average for the last ten years.

One of the most pleasing aspects of recent years is that *the numbers of children referred by parents has shown a marked increase from 1966*, which probably reflects an increasing awareness of what we do and trust in the assistance we provide. *The numbers of cases referred by Head Teachers has shown a dramatic increase since 1966 and, despite a restriction due to staff shortage, continues at a very high level.* It is also noted that the percentage of the case load referred by Head Teachers is again above the 55 per cent. level in 1970 for the very first time.

The most important single fact to emerge from all these figures must be, I feel, the increasing interest and awareness of the Head Teachers, whose share of the case load has risen and by rising has brought a dramatic increase in the numbers of Emotional Problems referred. The days are long past when Head Teachers referred only behavioural problems and even then only in desperation when all else had been tried ! We are now, due to the insight of the local Head Teachers, in a position to provide a truly preventative service. Because of their increasing psychological sophistication they have been able to pick out more and more problems at an earlier stage. The end result can only be to save expenditure because we are able to sort out a great number of difficulties before they have become so engrained that they require much more intensive and expensive help.

SECTION IX

Conclusion

I should like to thank my staff for their efforts in dealing with the large number of problems we received during the year. The co-operation of the Head Teachers has been greatly appreciated. The support provided by Mr. Shepherd and members of the Education Department has been invaluable. Finally, I would like to express my thanks to Dr. Glenn and all members of the Health Department for their co-operation and readiness to help at all times during the year.

APPENDIX

Child Guidance Work in Outline

The aim of Child Guidance is prevention whenever possible and early diagnosis of the problems that do occur. Action is based on a thorough diagnosis and is normally taken after a case conference of all the relevant professional workers.

A. Preventive Work

This includes general advice to parents and teachers and may take four forms.

- (1) The provision of an easily accessible service for advice to parents, teachers and others dealing with children.
- (2) Lectures and discussions with parent/teacher and other groups interested in children's problems, mental health or education.
- (3) Advice to schools on new methods or approaches derived from psychological or educational research.
- (4) Remedial Teaching in schools for children without severe emotional disorders and advice on remedial teaching. A Remedial Service is an essential part of any Child Guidance Unit since it helps to prevent greater educational failure and brings to the notice of the Service children who are demonstrating early symptoms of maladjustment. Such children are often spotted by their resistance to normal remedial methods and are then referred to the Centre for intensive diagnosis.

B. Diagnosis

Before children with behavioural, emotional or educational problems can be helped there must be a thorough diagnosis of their individual difficulties. Examinations are carried out by the Educational Psychologists and testing may be done by the psychological examiners. There is close liaison with other services and information may be obtained from the Speech Therapist, School Medical Officers, the audiometrician, etc., etc. Combined meetings with medical personnel are frequent. A variety of tests and procedures are used.

The social worker or psychologists may see the parent in order to obtain a history of the child's developmental milestones and his social environment, including assessment of inter-personal relationships within the family and the ability of the parents to cope with the situation. Where medical and psychological/educational problems are most likely to be combined, e.g. in the Junior Training Centre or Carnforth Special School, regular monthly visits are made. A Combined Clinic attended by the Paediatrician and other medical personnel is also attended by a member of the Child Guidance staff.

C. Action based on the Diagnosis

The types of help which can follow on diagnosis are as follows:

1. *Advice* on handling to parents and teachers or recommendations to the Director of Education.
2. *Educational advice* to schools giving concrete guidance on methods and materials after specific diagnosis of individual difficulties.
3. *Intensive remedial education* by the remedial service or within the Child Guidance Centre.
4. *Individual Therapy* for children with emotional, behavioural or educational problems.
5. *Group Therapy* for children with emotional, behavioural or educational problems.
6. *Individual work with parents* of such children over a period of time to alter handling and attitudes or to lend support.
7. *Group work with parents* who discuss the problems of handling their children who may or may not be receiving individual therapy.

D. Miscellaneous Duties as may appear necessary or are requested by the Director of Education

E. Research

Research into certain problems may be undertaken in order to confirm or refute hypotheses which have been formulated.

PHYSICAL EDUCATION

(Report by Mr. L. R. G. Welham, Organiser of Physical Education)

I am able to report another satisfactory year in the physical education carried out in the Authority's schools during 1970. Additional facilities at Strand Primary School and James Meadows Primary School and a new school at Laceby Acres, together with the physical education facilities planned for the new Whitgift School, provided good prospects for a satisfactory development of physical activities in future years.

The year's work again falls conveniently into two parts:

- (1) That carried out during the normal school times;
- (2) That carried out as extra-curricular activity.

In the former, in both infant and junior departments the aim was to provide opportunities for the young child to experience a wide range of physical movement, thereby developing both his physical and mental vocabulary. At the same time, whilst experiencing movement, he also developed skills, skills which not only increased his own knowledge of movement, but which also linked up with other aspects of the curriculum. Other lessons were devised to encourage him to be creative in movement through the exploration of physical 'tasks.' At other times the vivid imagination possessed by young children was fostered and developed through 'Dance' or 'Dance Drama.' In this case imagination and creation worked hand in hand. This programme of work was assisted by the use of percussion instruments, B.B.C. lessons, record players, small physical education equipment and climbing apparatus.

Specific games skills were also carried out in the school hall and on the playground and playing field, these leading up to the playing of team games at the top range of the junior school.

At secondary level, the skills and basic movements experienced during the primary level were channelled into more specialised skills, requiring more individuality, grace of movement and freedom. Qualities of creativeness, sensitivity, imagination, perseverance and judgment were developed and the range of physical activities made available to them were considerably extended. During their last two years of school life, pupils were encouraged to select one or two activities of their own choice which could be taken to a higher standard and which would encourage them to continue during their adult life.

The extra-curricular activities carried out by both primary and secondary schools remained largely in the form of competitive sport. This again showed an increase on previous years, largely due to the enthusiasm of the General Secretary and the many sub-committees who form the working sections of the Grimsby, Cleethorpes and District Schools Sports Association. These officers were ably backed up by numerous teachers who spent many hours in training teams and in officiating as umpires and referees. Inter-school and inter-house competitions were held in the following sports: - soccer, rugby, basketball, cricket, cross country, table tennis, netball, hockey, swimming, tennis, athletics, badminton, volleyball. Many of these competitions covered various age ranges, enabling several teams to be formed for each sport. Those sports based on the league system provided regular fixtures throughout the season for many hundreds of pupils. Other activities taken after school hours included school clubs involving such activities as modern educational dance, gymnastics, trampolining, badminton, fencing, orienteering, cycle cross, canoeing, sailing, fell walking and golf.

My Annual Report on Swimming submitted last September gave detailed results of the year's achievements in this respect, when once again I was able to report that over 85 per cent. of all pupils leaving primary schools for secondary education were able to swim and that over 92 per cent. of all secondary school pupils were able to swim.

The following extract from a letter received by the Director of Education from Mr. D. W. Morris, Honorary National Organiser of the Dolphin Swimming Trophy, may be of interest to the Committee:-

“ Over recent years I have noticed the excellent results submitted by the Primary Schools from Grimsby in the Dolphin Trophy. If there was an award for the best Local Education Authority I feel sure that Grimsby would win it ! ”

The availability of facilities for swimming became more acute during the year with the opening of the Whitgift School and subsequently Laceby Acres. With the prospective opening of more new primary schools during this and the forthcoming years, it is imperative that another shallow water learners' pool be built, otherwise the retrograde step of curtailing some of the present allocation of water time to existing schools will be necessary.

In conclusion, the excellent facilities for all branches of physical education were well used throughout the Borough. In this respect the Committee's policy of dual usage of premises resulted in every sports hall, gymnasium and swimming pool being used practically throughout the whole of the year, thereby making facilities available for the enjoyment of both pupils and public.

SPEECH THERAPY — ANNUAL REPORT

October - December, 1970

(Report by Mrs. K. V. Pike, Speech Therapist)

At the beginning of October a circular was sent to all schools listing types of speech difficulties and requesting head teachers to submit lists of children with these problems, particularly noting children with hearing difficulties, as these have often been overlooked in the past.

Most of the primary schools replied and there were some referrals from secondary schools, with the total referral list reaching 357.

Thus, most of the referrals came from schools:

	<i>M</i>	<i>F</i>	<i>Total</i>
Schools	216	107	323
G.P.s or School Medicals	11	4	15
Combined Clinic	3	3	6
Parents	6	3	9
Child Guidance	1	1	2
Other Speech Therapists	1	—	1
Probation Officer	1	—	1
			<hr/> 357 <hr/>

It was previously found that parents of children in certain areas were willing for the children to have speech therapy, but unwilling/unable to bring the children themselves, so a clinic was started in Western Junior School, where ten children are seen regularly and in 1971 a similar session is to be spent in Grange Junior School and also one half hour per week in Scartho Infants' School where there are three children to be seen.

In Western Junior School this weekly clinic is proving most beneficial, as both children and staff are most co-operative.

One full day per week is spent at Carnforth School. Here the number of speech therapy cases seems to be increasing.

	<i>M</i>	<i>F</i>	<i>Total</i>
Number referred	23	13	36
Number treated	9	4	13
No treatment necessary	5	4	9
Under Observation	9	5	14

Of the 357 children referred or re-referred (excluding Carnforth):-

	<i>M</i>	<i>F</i>	<i>Total</i>
Those receiving therapy	36	9	45
Discharged from treatment	25	9	34
Under Observation	29	14	43
Left district	2	—	2
Refused appointments	2	—	2
Not yet seen	142	89	231

Other children re-admitted from previous therapy list:-

	<i>M</i>	<i>F</i>	<i>Total</i>
	14	2	16
Of these, number treated	7	2	9
Of these, number discharged	4	—	4
Of these, number under observation	3	—	3

Total number of children undergoing therapy or review — 127.

These include the following types of defect:-

	<i>M</i>	<i>F</i>	<i>Total</i>
Difficulty with articulation			
in varying degrees	68	22	90
Stammer	3	1	4
Cleft Palate	7	4	11
Hearing Loss	3	5	8
Non-communication/delayed speech			
and language development ...	7	3	10
Dysphonia (voice disorder) ...	—	1	1
Dysarthria (associated with			
Cerebral Palsy)	2	1	3
			<hr/>
			127
			<hr/>

Total number of appointments offered in the clinic — 235.

Total number of appointments kept — 196.

Number of schools visited totalled 13. The original aim was to try to visit one school per week apart from the regular clinic visits, but this is not always possible. There is one monthly visit to Milton Road Clinic for a combined clinic (consultation) meeting and one home visit per week to a physically handicapped child.

The clinic has been provided with a Speech Training Hearing Aid, a piece of equipment designed for use with partially hearing children. This is proving invaluable, especially with younger children, but also shows that more intensive use with it if time allowed would be of even greater value. This machine amplifies the voices of both therapist and child, without distortion, and also cuts out most extraneous noise for the child.

There is a small number of children, including the partially hearing children, who require more intensive help than is possible at present, with such large numbers on the waiting list. It is felt that the number of such speech-handicapped children will increase rather than decrease and their needs require a system whereby daily intensive therapy is part of the normal school curriculum.

